


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 28, 2006 8:00 am**  
**Secretary of State**

06-28-2006 90001 005 \*\*\*150.00

**DOCUMENT # P03000110914**

1. Entity Name  
**JOHN W ASUNTO INC.**



40097430

Principal Place of Business  
**154 OAKTREE  
 DEBARY, FL 32713**

Mailing Address  
**154 OAKTREE  
 DEBARY, FL 32713**

2. Principal Place of Business  
*154 OAKTREE*

3. Mailing Address  
*154 OAKTREE*

Suite, Apt. #, etc.



06202006 Chg-P CR2E034 (11/05)

City & State  
*DeBary FL*

City & State  
*DeBary FL*

Zip  
*32713*

Country  
*USA*

Zip  
*32713*

Country  
*USA*

4. FEI Number  
**86-1083492**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ASUNTO, TOHN  
 154 OAKTREE DR  
 DEBARY, FL 32713**

7. Name and Address of New Registered Agent

Name *JOHN ASUNTO*

Street Address (P.O. Box Number is Not Acceptable)  
*154 OAKTREE*

City *DEBARY* FL Zip Code *32713*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent:

SIGNATURE *John Asunto* DATE *6-28-06*

Signature based on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES ASUNTO, JOHN W PRES 154 OAKTREE DEBARY, FL 32713</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Asunto* DATE *6-28-06* DAYTIME PHONE # *386-6681906*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR