

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90041 045 \*\*\*\*70.00

**DOCUMENT # 753155**

1. Entity Name  
**ST. ANTHONY'S PROFESSIONAL BUILDINGS AND  
SERVICES, INC.**



Principal Place of Business  
**1200 7TH AVE NORTH  
ST. PETERSBURG, FL 33705 US**

Mailing Address  
**1200 7TH AVE NORTH  
ST. PETERSBURG, FL 33705 US**



01202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2018848</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**KYES, FORD  
1200 7TH AVE NORTH  
ST. PETERSBURG, FL 33705**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD KYES, FORD 1200 7TH AVE NORTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD SIZEMORE, PATRICIA 1200 7TH AVE NORTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD TREMONTI, CARL 1200 7TH AVE NORTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S BEAM, MARLYS 1200 7TH AVE NORTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <del>BOURIS, JOHN</del> <del>1200 7TH AVE N</del> <del>SAINT PETERSBURG, FL 33705</del>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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: *Said Ky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-06 727-825-1074  
Date Daytime Phone #