


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90370 050 ***150.00

DOCUMENT # 139524

1. Entity Name
ANTHONY DISTRIBUTORS, INC.



40074207



04142006 Chg-P CR2E034 (11/05)

Principal Place of Business
5607 JOHNS RD
TAMPA, FL 33634 US

Mailing Address
5607 JOHNS RD
TAMPA, FL 33634 US

2. Principal Place of Business
5607 JOHNS RD
 Suite, Apt. #, etc.
1001

3. Mailing Address
5607 JOHNS RD
 Suite, Apt. #, etc.
1001

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33634 Country
HILLSBOROUGH

Zip
33634 Country
HILLSBOROUGH

4. FEI Number
59-0145031

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ITALIANO, ANTHONY S
1704 W KENNEDY BLVD
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name **ANTHONY S. ITALIANO, SR.**

Street Address (P.O. Box Number is Not Acceptable)
5607 JOHNS RD., STE 1001

City **TAMPA** FL Zip Code **33634**

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 **Anthony S. Italiano Sr. C.E.O. + SECTY** **ANTHONY S. ITALIANO, SR.** **4/26/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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 ITALIANO, SALVATORE A 5607 JOHNS RD STE 1001 TAMPA, FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ITALIANO, ANTHONY S SR 5607 JOHNS RD STE 1001 TAMPA, FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ITALIANO, ANTHONY S SR 5607 JOHNS RD STE 101 TAMPA, FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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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: **Anthony S. Italiano Sr.** **4/26/06** **(813) 254-3883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ANTHONY S. ITALIANO, SR., C.E.O.