2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # 428152 Jan 31, 2006 08:00 AM 1. Entity Name **Secretary of State** PETER RAGANO, JR., INC. Principal Place of Business Mailing Address 4608 W. CURTIS ST. TAMPA FL 33614 4608 W. CURTIS ST. TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1468363 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAGANO, PETER JR Street Address (P.O. Box Number is Not Acceptable) 4608 W. CURTIS ST. **TAMPA FL 33614** City 8. The above named entry 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 access 1,00000408625 02/08/06-80061-003 150.00 SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when romstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. TITLE ☐ ∩alata TITLE NAME NAME RAGANO, PETER JR STREET ADDRESS STREET ADDRESS 4309 SALTWATER BLVD. CITY-ST-ZIP TAMPA FL CITY-ST-ZIP DŞT TITLE ☐ Delete TITLE NAME RAGANO, MARTHA NAME STREET ADDRESS 4309 SALTWATER BLVD. STREET ADDRESS DITY-ST-709 TAMPA FL CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS #12 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addida NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY - ST - ZIP THLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

PETER RAGANO, JR.

(813) 872-4427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN