## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 461162**

SANTORE, LYNETTE

BUNNELL, FL 32110

2546 HWY #305

Name:

Address:

City-St-Zip:

FILED Apr 04, 2006 Secretary of State

Entity Nar	ne: RALPH	SANTORE AND SO	NS, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
2546 STATE HIGHWAY 305 BUNNELL, FL 32110 US			2546 COUNTY ROAD 305 BUNNELL, FL 32110 US				
Current Mailing Address:				New Mailing Address:			
P.O. BOX 7 BUNNELL,		US					
FEI Number:	59-1543133	FEI Number Applie	d For ( ) FEI Nur	nber Not Appli	icable ( )	Certificate of Sta	tus Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SANTORE, JR., RALPH J P 2546 STATE HIGHWAY 305 P.O. BOX 70 BUNNELL, FL 32110 US				SANTORE, JR., RALPH J P 2546 CR 305 P.O. BOX 70 BUNNELL, FL 32110 US			
The above in the State		submits this statem	ent for the purpose o	of changing it	s registered o	office or registere	ed agent, or both,
SIGNATURE:				04/04/2006			
	Electro	onic Signature of Req	gistered Agent			Date	
Election Can	npaign Financii	ng Trust Fund Contribu	ition ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( SANTORE, JR 2546 STATE I BUNNELL, FL	HWY 305		Title: Name: Address: City-St-Zip:		) Change ()Additio	on
Title: Name: Address: City-St-Zip:	,			Title: Name: Address: City-St-Zip:	( )	) Change ()Additio	on
Title: Name: Address: City-St-Zip:	S ( SANTORE, M/ 2546 STATE I BUNNELL, FL	HWY 305		Title: Name: Address: City-St-Zip:	S (X SANTORE, MIC 2546 CR 305 BUNNELL, FL		on
Title:	Т (	) Delete		Title:	Т (Х	) Change ()Additio	on

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SANTORE, LYNETTE

BUNNELL, FL 32110

2546 CR 305

SIGNATURE: RALPH J. SANTORE, JR. Ρ 04/04/2006