



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 481998			
1. Entity Name ICARDI & ICARDI, P.A.			
Principal Place of Business 2180 W STATE RD 434 STE 6190 LONGWOOD, FL 32779 US		Mailing Address P.O. BOX 1656 MAITLAND, FL 32794-1656 US	
DO NOT WRITE IN THIS SPACE			
			
		02082006 No Chg-P CR2ED34 (11/05)	
		4. FEI Number 59-1612800	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
ICARDI, JEFFREY A 2180 W STATE RD 434 STE 6190 LONGWOOD, FL 32779		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remitting)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VPD ICARDI, ALDO 2126 LAKE DR WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD ICARDI, JEFFREY A. 931 PACE AVE. MAITLAND, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 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 file empowered.			
SIGNATURE: _____		2/13/06 407-647-1857	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
JEFFREY A. ICARDI, Pres.			