## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # 500041** 1. Entity Name 04-03-2006 90350 045 \*\*\*150.00 SANSONE CORPORATION Principal Place of Business Mailing Address 590 GOOLSBY BLVD 590 GOOLSBY BLVD DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 Cha-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 59-1662481 Not Applicable 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 Name SANSONE, DAVID 590 GOOLSBY BLVD Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH, FL 33442 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition Addition SANSONE, DAVID Nicholas Sansone NAME NAME 590 GOOLSBY BLVD. STREET ADDRESS 590 60015by Block. STREET ADDRESS CITY-ST-ZIP DEERFILED BEACH, FL 33442 CITY-ST-ZIP TITLE VP ☐ Delete THE ☐ Change Addition NAME SANSONE, SCOTT NAME STREET ADDRESS 590 GOOLSBY BLVD. STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition SANSONE, BONNIE NAME NAME 590 GOOLSBY BLVD. STREET ACCRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

Channe

■ Addition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

☐ Delete

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS