


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 517197**  
 1. Entity Name  
**ONE MANE PLACE OF ST. PETERSBURG, INC.**



Principal Place of Business - Mailing Address  
**6798 CROSSWINDS DR. SUITE B-101 ST. PETERSBURG FL 33710 US**



2. Principal Place of Business - Suite, Apt. #, etc.  
 3. Mailing Address - Suite, Apt. #, etc.

City & State

Zip - Country

1st MOORE CR2E034 (10/05)  
 4. FEI Number **59-1694435** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MOSCO, ELSA  
 6798 CROSSWINDS DR.  
 SUITE B-101  
 ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MOSCO, ELSA	
STREET ADDRESS	6798 CROSSWINDS DR., STE. B-101	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MOSCO, JONATHAN	
STREET ADDRESS	366 S TESSIER DR.	
CITY-ST-ZIP	ST. PETE BCH, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOSCO, ELSA	
STREET ADDRESS	6798 CROSSWINDS DRIVE SUITE #B-101	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	U00000483784	
STREET ADDRESS	04/17/06-80021-002 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
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: Elisa Mosco, ELSA MOSCO 3/30/06 727.3450E  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #