


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 589080
 1. Entity Name
JESS R. SANTAMARIA, INC.



Principal Place of Business Mailing Address
675 ROYAL PALM BEACH BLVD. **675 ROYAL PALM BEACH BLVD.**
ROYAL PALM BEACH, FL 33411 **ROYAL PALM BEACH, FL 33411**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1852663 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent
SANTAMARIA, JESS R.
675 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANTAMARIA, JESS R.
STREET ADDRESS	675 ROYAL PALM BEACH RD.
CITY-ST-ZIP	ROYAL PALM BEACH, 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	

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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 like empowered.

SIGNATURE:  02/06/06 (561) 793-2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #