

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # F05000004870

1. Entity Name
FORT PITT CAPITAL GROUP, INC.



Principal Place of Business
**790 HOLIDAY DRIVE
PITTSBURGH, PA 15220**

Mailing Address
**790 HOLIDAY DRIVE
PITTSBURGH, PA 15220**



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1768797

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**ANTONETTI, PAT
COLLIER PLACE 1, SUITE 300
3003 TAMiami TRAIL NORTH
NAPLES, FL 34103**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 **CFO**
NAME **SMITH, CHARLES A**
STREET ADDRESS **790 HOLIDAY DRIVE**
CITY-ST-ZIP **PITTSBURGH, PA 15220**

TITLE **CFA**
NAME **KREPS, DOUGLAS W**
STREET ADDRESS **790 HOLIDAY DRIVE**
CITY-ST-ZIP **PITTSBURGH, PA 15220**

TITLE **SV**
NAME **BLEHAR, MICHAEL**
STREET ADDRESS **790 HOLIDAY DRIVE**
CITY-ST-ZIP **PITTSBURGH, PA 15220**

TITLE **P**
NAME **HOEBLER, ARLENE**
STREET ADDRESS **790 HOLIDAY DRIVE**
CITY-ST-ZIP **PITTSBURGH, PA 15220**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/28/06-80038-004 150.00

**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 assignment with an address, with all other like empowered.

SIGNATURE: *Douglas Krebs* **4/10/06** **(412) 921-1822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #