


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90228 006 \*\*\*150.00

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<b>DOCUMENT # F55612</b>			
1. Entity Name <b>JAMES A. DIENNO, D.C., P.A.</b>			
Principal Place of Business <b>605 CITRUS CT. LARGO, FL 33770 US</b>		Mailing Address <b>605 CITRUS CT. LARGO, FL 33770 US</b>	
2. Principal Place of Business <b>424 DOUGLAS AVE</b>		3. Mailing Address <b>424 DOUGLAS AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DUNEDIN, FL</b>		City & State <b>DUNEDIN, FL</b>	
Zip <b>34698</b> Country <b>USA</b>		Zip <b>34698</b> Country <b>USA</b>	
4. FEI Number <b>59-2136069</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DIENNO, JAMES A. 605 CITRUS COURT LARGO, FL 33770</b>		7. Name and Address of New Registered Agent Name <b>DIENNO, JAMES A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>424 DOUGLAS AVE</b> City <b>DUNEDIN</b> FL Zip Code <b>34698</b>	
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 <b>JAMES A. DIENNO D.C.</b> DATE <b>1/4/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DIENNO, JAMES A 605 CITRUS CT LARGO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>424 DOUGLAS AVE DUNEDIN, FL 34698</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROMEO, DONNA A 605 CITRUS CT. LARGO, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>424 DOUGLAS AVE DUNEDIN, FL 34698</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>JAMES A. DIENNO</b>		Date <b>1/4/06</b> Daytime Phone # <b>727-452-2444</b>	