
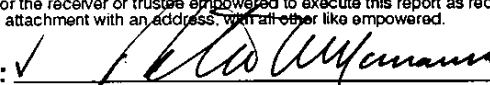


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90004 024 \*\*\*150.00

<b>DOCUMENT # F70560</b> 1. Entity Name PETER A. MASSANISO & COMPANY, INC.					
Principal Place of Business 1548 THE GREENS WAY, SUITE 6 - JACKSONVILLE BEACH, FL 32250 - US -				Mailing Address 1548 THE GREENS WAY SUITE 6 - JACKSONVILLE BEACH, FL 32250 - US	
2. Principal Place of Business 146 Harbormaster Ct.		3. Mailing Address P. O. Box 50006			
Suite, Apt. #, etc. Ponte Vedra Beach, FL		Suite, Apt. #, etc. Jacksonville Beach, FL			
City & State		City & State			
Zip 32004		Country USA		Zip 32240	
Country USA		4. FEI Number 59-2173550			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  MASSANISO, PETER A. 1548 THE GREENS WAY STE 6 - - JACKSONVILLE, FL 32250				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 146 Harbormaster Court City Ponte Vedra Beach FL Zip Code 32004	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DPT MASSANISO, PETER A 1548 THE GREENS WAY #6 JACKSONVILLE BCH, FL 32250		TITLE NAME STREET ADDRESS CITY - ST - ZIP	146 Harbormaster Court Ponte Vedra Beach, FL 32004	
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	
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, warrant or other like empowered.					
SIGNATURE:  Peter A. Massaniso, President			Date: 3/2/06 (904) 273-8001		

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02152006 Chg-P CR2E034 (11/05)