

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90117 003 ***150.00

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02092006 Chg-P CR2E034 (11/05)

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|--|---|---|---|
| DOCUMENT # F96060 1. Entity Name ROBERT VENDETTA GENERAL CONTRACTOR, INC. | | | |
| Principal Place of Business 2670 FLAMANGO CT SOUTH WEST PALM BEACH, FL 33406 US | | Mailing Address P.O. BOX 17497 WEST PALM BEACH, FL 33416 US | |
| 2. Principal Place of Business 75 Sportsman Rd Suite, Apt. #, etc. | | 3. Mailing Address PO Box 3757 Suite, Apt. #, etc. | |
| City & State Rotonda West, FL Zip Country 33947 USA | | City & State PLACIDA, FL Zip Country 33946 USA | |
| 4. FEI Number 59-2213099 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VENDETTA, ROBERT 2670 FLAMANGO CT SOUTH WEST PALM BEACH, FL 33406 | | 7. Name and Address of New Registered Agent Name Vendetta, Robert Street Address (P.O. Box Number is Not Acceptable) 75 Sportsman Rd City Rotonda West FL Zip Code 33947 | |
| 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 <u><i>Robert Vendetta</i></u> DATE <u>4/7/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 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 | TSD VENDETTA, CARALEE A <input type="checkbox"/> Delete 2670 FLAMANGO CT SOUTH WEST PALM BEACH, FL 33406 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD Vendetta, Caralee A <input type="checkbox"/> Change <input type="checkbox"/> Addition 75 Sportsman Rd Rotonda West, FL 33947 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VENDETTA, ROBERT <input type="checkbox"/> Delete 2670 FLAMANGO CT SOUTH WEST PALM BEACH, FL 33406 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD vendetta, Robert <input type="checkbox"/> Change <input type="checkbox"/> Addition 75 Sportsman Rd Rotonda West, FL 33947 |
| 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 |
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| 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: <u><i>Robert Vendetta</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>Robert Vendetta</u> <u>4/7/06</u> <u>941-698-4766</u> <small>Date Daytime Phone #</small> | |