

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90011 014 \*\*\*150.00

DOCUMENT # G42305

1. Entity Name

P, T AND F, INC.



Principal Place of Business  
P. O. BOX 650754  
VERO BEACH FL 32965

Mailing Address  
P. O. BOX 650754  
VERO BEACH FL 32965



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E034 (10/05)

4. FEI Number  
59-2294497

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPOSITO, TONEY  
4635 45TH STREET  
VERO BEACH FL 32960

Name  
TONEY ESPOSITO

Street Address (P.O. Box Number is Not Acceptable)

2997 N. U.S. 1

City  
FT. PIERCE

FL Zip Code  
34951

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$650.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May B Added to Fees

10. OFFICERS AND DIRECTORS.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ESPOSITO, TONY  
STREET ADDRESS 4635 45TH STREET  
CITY-ST-ZIP VERO BEACH FL

TITLE PRESIDENT - P ☒ Change ☐ Addit  
NAME ESPOSITO, TONY  
STREET ADDRESS 2997 N.S. 1  
CITY-ST-ZIP FT. PIERCE, FL 34951

TITLE VD ☐ Delete  
NAME ESPOSITO, PATRICK  
STREET ADDRESS 4635 45TH STREET  
CITY-ST-ZIP VERO BEACH FL

TITLE V. PRESIDENT-Treasurer VP/T ☒ Change ☐ Addit  
NAME ESPOSITO, PATRICK  
STREET ADDRESS 2997 N.S. 1  
CITY-ST-ZIP FT. PIERCE, FL 34951

TITLE S ☐ Delete  
NAME ESPOSITO, PATRICK  
STREET ADDRESS 4635 45ST  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY - S ☒ Change ☐ Addit  
NAME ESPOSITO, DORA  
STREET ADDRESS 2997 N.S. 1  
CITY-ST-ZIP FT. PIERCE, FL 34951

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Anthony Esposito*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Esposito 3-14-06 772-562-6012  
Date Daytime Phone #