

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # H14916			
1. Entity Name ANCONA LTD., INC.			
Principal Place of Business 158 FARMBROOK ROAD HARBOUR OAKS FL 32127-6243		Mailing Address 158 FARMBROOK ROAD HARBOUR OAKS FL 32127-6243	
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

59-2432233

Applied For

Not Applied

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANCONA, VINCENT J
697 FERNCLIFF DR
PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ANCONA, LEONARDO	
STREET ADDRESS	158 FARMBROOK ROAD	
CITY-ST-ZIP	HARBOR OAKS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ANCONA, IDA	
STREET ADDRESS	158 FARMBROOK ROAD	
CITY-ST-ZIP	HARBOR OAKS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANCONA, LEONARD JR.	
STREET ADDRESS	158 FARMBROOK RD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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01/25/06-80024-007 158.75

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: *Ida Ancona* **IDA ANCONA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06

Date

386-767-1613

Daytime Phone #