

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90310 028 \*\*\*150.00

**DOCUMENT # H67403**

1. Entry Name  
**PAESAN'S OF CARROLLWOOD, INC.**



Principal Place of Business  
**14380 N DALE MABRY  
TAMPA, FL 33618 US**

Mailing Address  
**16313 NORTH DALE MABRY  
SUITE 100  
TAMPA, FL 33618 US**

**50019650**



2. Principal Place of Business

3. Mailing Address

*14380 North Dale Mabry*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302006

Chg-P

CR2E034 (11/05)

City & State

City & State  
*Tampa FL*

4. FEI Number  
**59-2558247**

Applied For  
Not Applicable

Zip

Country

Zip

Country

*33618*

*US*

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

**HODGES, G. TODD  
905 SHADED WATER WAY  
LUTZ, FL 33549**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**V  
ROEHL, FRANK C., III  
16313 N. DALE MABRY HWY  
TAMPA, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*P/D  
Roehl, Frank C.  
14380 N. Dale Mabry  
Tampa, FL 33618* ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
ROEHL, MELANIE S.  
16313 N. DAL E MABRY HWY  
TAMPA, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*V/SIT/D  
Roehl, Melanie S.  
14380 N. Dale Mabry  
Tampa, FL 33618* ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*COO/D  
Thomas Perkins  
14380 N. Dale Mabry  
Tampa, FL 33618* ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/06*

Date

*875 965 6086*

Daytime Phone