


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # J52162 1. Entity Name FRANK A. FERRARO, C.P.A., P.A.	
--	---

Principal Place of Business C/O FRANK A. FERRARO 3601 SE OCEAN BLVD. STE 005 STUART, FL 34996	Mailing Address C/O FRANK A. FERRARO 3601 SE OCEAN BLVD. STE 005 STUART, FL 34996
--	--



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2753476	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FERRARO, FRANK A. 3601 SE OCEAN BLVD. STUART, FL 33494

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRARO, FRANK A. 3601 SE OCEAN BLVD. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERRARO, VIRGINIA 3601 SE OCEAN BLVD STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000666618
03/23/07-80079-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07 772-283-5001
Date Daytime Phone #