


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # K37856  
1. Entity Name  
CIRASA/CIRASA, INCORPORATED



Principal Place of Business      Mailing Address  
12788 SW PEMBROKE CIR      12788 SW PEMBROKE CIR  
LAKE SUZY, FL 34269 US      LAKE SUZY, FL 34266 US

**DO NOT WRITE IN THIS SPACE**



01072006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
65-0079292      Not Applicable

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

6. Name and Address of Current Registered Agent  
MARRYOTT, THOMAS D.  
126 E OLYMPIA  
PUNTA GORDA, FL 33950

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      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

100000384010  
01/13/06-80023-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CIRASA, MARY ANN
STREET ADDRESS	12788 SW PEMBROKE CIR
CITY-ST-ZIP	LAKE SUZY, FL 34266
TITLE	VD
NAME	CIRASA, WILLIAM
STREET ADDRESS	12788 SW PEMBROKE CIR
CITY-ST-ZIP	LAKE SUZY, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mary Ann Cirasa      1-9-06      941-627-9227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #