2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L47046

1. Entity Name STAN FREDERICO, P.A.



FILED
Jul 07, 2006 08:00 AN
Secretary of State

Principal Place of Business

C/O STAN FREDERICO 865 S. GULFVIEW BLVD., #112 CLEARWATER BEACH, FL 33767 Mailing Address

C/O STAN FREDERICO 865 S. GULFVIEW BLVD., #112 CLEARWATER BEACH, FL 33767



DO NOT WRITE IN THIS SPACE

07032006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0173431 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREDERICO, STAN 865 S. GULFVIEW BLVD. #112 CLEARWATER BEACH, FL 34630

STREET ADDRESS CITY-ST-ZIP

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				e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		Election Campaign Fina Trust Fund Contribution.	~ —	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS					<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERICO, STANLEY L. 865 S GULFVIEW BLVD #112 CLEARWATER BCH., FL	1			Hoppostoggo 4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				U00000568384 07/07/06-80006-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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:

\$150 ck # 3206