


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 01, 2006 8:00 am**  
**Secretary of State**

09-01-2006 90001 014 \*\*\*558.75

|   |   |
|---|---|
| <b>DOCUMENT # L88175</b><br>1. Entity Name<br>CATANIA & CATANIA, PROFESSIONAL ASSOCIATION |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>101 E. KENNEDY BLVD.<br>STE 2400<br>TAMPA, FL 33602 US | Mailing Address<br>101 E. KENNEDY BLVD.<br>STE 2400<br>TAMPA, FL 33602 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



08302006 No Chg-P CR2E034 (11/05)

|  |   |
|--|---|
| 4. FEI Number<br>59-3129566  | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |

6. Name and Address of Current Registered Agent  
  
CATANIA, PAUL B.  
101 E. KENNEDY BLVD.  
STE 2400  
TAMPA, FL 33602

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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 reissuing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 6, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>CATANIA, PAUL B<br>101 E KENNEDY BLVD STE 2400<br>TAMPA, FL 33602    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPTD<br>CATANIA, PETER F.<br>101 E KENNEDY BLVD STE 2400<br>TAMPA, FL 33602 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:** PAUL B. CATANIA Pres. Paul B. Catania 8:30 PM 8/22/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #