


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000013432**  
 1. Entity Name  
**ANTONIO PETOSA PROPERTY MANAGEMENT, INC.**



Principal Place of Business      Mailing Address  
**6400 BRECKRIDGE CIR.**      **6400 BRECKRIDGE CIR.**  
**LAKE WORTH FL 33467**      **LAKE WORTH FL 33467**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

4. FEI Number      Applied For  
**65-1025498**      Not Applic.

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

6. Name and Address of Current Registered Agent

**PETOSA, ANTONIO**  
**6400 BRECKRIDGE CIR.**  
**LAKE WORTH FL 33467**

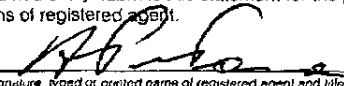
7. Name and Address of New Registered Agent

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       **A. PETOSA**      **3-15-06**  
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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May  
 Trust Fund Contribution.            Added to Fee

10. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PD                    | <input type="checkbox"/> Delete |
| NAME           | PETOSA, TONY          |                                 |
| STREET ADDRESS | 6400 BRECKERIDGE CIR. |                                 |
| CITY-ST-ZIP    | LAKE WORTH FL 33467   |                                 |
| TITLE          | VSD                   | <input type="checkbox"/> Delete |
| NAME           | PETOSA, ANN           |                                 |
| STREET ADDRESS | 2735 DOE TRAIL        |                                 |
| CITY-ST-ZIP    | LOXAHATCHEE FL 33470  |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                                              |
|----------------|---------------------------|--------------------------------------------------------------|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                           |                                                              |
| STREET ADDRESS | U00000472615              |                                                              |
| CITY-ST-ZIP    | 03/29/06-80044-003 155.00 |                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                           |                                                              |
| STREET ADDRESS |                           |                                                              |
| CITY-ST-ZIP    |                           |                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                           |                                                              |
| STREET ADDRESS |                           |                                                              |
| CITY-ST-ZIP    |                           |                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                           |                                                              |
| STREET ADDRESS |                           |                                                              |
| CITY-ST-ZIP    |                           |                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:       **A. PETOSA**      **3-15-06 561-662-1441**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #