


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000036248 1. Entity Name RITA MANARINO, D.V.M., P.A.																																		
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Principal Place of Business 5305 SEMINOLE BLVD. ST. PETERSBURG, FL 33708 </td> <td style="width: 50%; vertical-align: top;"> Mailing Address 5305 SEMINOLE BLVD. ST. PETERSBURG, FL 33708 </td> </tr> </table>			Principal Place of Business 5305 SEMINOLE BLVD. ST. PETERSBURG, FL 33708	Mailing Address 5305 SEMINOLE BLVD. ST. PETERSBURG, FL 33708																														
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DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent MANARINO, RITA 5305 SEMINOLE BLVD. ST. PETERSBURG, FL 33708		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 8px;">TITLE</td> <td>P</td> </tr> <tr> <td style="font-size: 8px;">NAME</td> <td>MANARINO, RITA DVM</td> </tr> <tr> <td style="font-size: 8px;">STREET ADDRESS</td> <td>11072 NAVAJO DRIVE</td> </tr> <tr> <td style="font-size: 8px;">CITY-ST-ZIP</td> <td>SAINT PETERSBURG, FL 33708</td> </tr> <tr><td style="font-size: 8px;">TITLE</td><td></td></tr> <tr><td style="font-size: 8px;">NAME</td><td></td></tr> <tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr> <tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr> <tr><td style="font-size: 8px;">TITLE</td><td></td></tr> <tr><td style="font-size: 8px;">NAME</td><td></td></tr> <tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr> <tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr> <tr><td style="font-size: 8px;">TITLE</td><td></td></tr> <tr><td style="font-size: 8px;">NAME</td><td></td></tr> <tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr> <tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr> </table>			TITLE	P	NAME	MANARINO, RITA DVM	STREET ADDRESS	11072 NAVAJO DRIVE	CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	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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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: <u>Rita Manarino DVM</u> <u>owner / President</u> <u>1/23/06</u> <u>(727)398-7601</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																		



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3637283	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/29/06-80160-004 150.00