


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000054156	
1. Entity Name JOHN PERGOLIZZI PAINTING INC.	

Principal Place of Business 15515 72ND COURT NORTH LOXAHATCHEE, FL 33470	Mailing Address 15515 72ND COURT NORTH LOXAHATCHEE, FL 33470
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1014754	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PERGOLIZZI, JOHN 15515 72ND COURT NORTH LOXAHATCHEE, FL 33470

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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 _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PERGOLIZZI, JOHN 15515 72ND COURT NORTH LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PERGOLIZZI, FRANCES G 15515 72ND COURT NORTH LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/19/06-80024-016 150.00

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>Frances G. Pergolizzi</u>	1/14/06 (561) 798-496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PERGOLIZZI, F.G.	Date _____ Daytime Phone # _____