


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000059497		
1. Entity Name MINEO & ASSOCIATES, P.A. ATTORNEY AT LAW		
Principal Place of Business 935 MAIN ST, SUITE A-3 SAFETY HARBOR, FL 34695	Mailing Address 935 MAIN ST, SUITE A-3 SAFETY HARBOR, FL 34695	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MINEO, WAYNE C 935 MAIN ST, SUITE A-3 SAFETY HARBOR, FL 34695		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 <u>X</u> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINEO, WAYNE C 935 MAIN ST, SUITE A-3 SAFETY HARBOR, FL 34695	
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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 and 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>Wayne C Mineo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3653469	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000544281
05/11/06-80029-011 150.00

**DO NOT WRITE
IN THIS SPACE**

4/28/06 727 797-3768