


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90198 047 ***150.00

DOCUMENT # P01000039320 1. Entity Name CANCIO COMPANY, INC.					
Principal Place of Business 8955 SE PLATO TERR RM 1 HOBE SOUND FL 33455			Mailing Address P. O. BOX 8412 HOBE SOUND FL 33475		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CANCIO, JOSE R 3495 SUNSET TRACE CIRCLE PALM CITY FL 33990 CHANGE OF ADDRESS				8395 SE BOXWOOD LANE HOBE SOUND, FL 33455	
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 <i>Jose R Cancio</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <i>4/25/2006</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANCIO, JOSE		NAME		
STREET ADDRESS	P. O. BOX 8412		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33475		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Jose R Cancio</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>APRIL 25, 2006</i> <i>772-546-2141</i> <small>Date Daytime Phone #</small>		



1st MOORE CR2E034 (10/05)

4. FEI Number **65-1095066** Applied For ☐ Not Applicable ☐

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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