## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Muncey

Signature, typed or printed name of registered agent and little if applicable,

SIGNATURE\_

SIGNATURE: \_

## **FILED** Apr 20, 2006 08:00 Al y of State

Applied For Not Applicable

727-380-2172 Dâylime Phone #

DATE

				, 2000 00.0
DOCUMENT # P01000062741  1. Entity Name ROCQUE DI DOMENICO, INC.			Sec	retary of St
Principal Place of Business	Mailing Address	2 2 - A \$10		
6230 HAMPTON CT NORTH ST PETERSBURG, FL 33710	5401 CENTRAL AVE. ST PETERSBURG, FL 33710			
DO NOT MOD	TE IN THIS SDA	or o	02012006 No Chg-P	CR2E034 (11/05)
DO NOT WRI	CE	4. FEI Number 59-3735702	Applied   Not Appl	
	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ر ميديد دځ د <del>مدي</del> يې	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Cu	irrent Registered Agent			
MCATEE, CAROL ACCOUNTING CONSULTANTS 5401 CENTRAL AVENUE ST PETERSBURG, FL 33710		DO NOT WE		

FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Efection Campaign Fina Trust Fund Contribution	ancing \$5.06	I May Be to Fees
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI DOMENICO, ROCQUE 6230 HAMPTON CT NORTH ST PETERSBURG, FL 33710		-	100000521537 05/02/06-80141-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>	- Needs	
TITLE NAME STREET ADDRESS CITY-ST-ZXP			The first transfer that a	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			** ** *** *** *** *** *** *** *** ***	
TITLE NAME STREET ADDRESS				. <u>-</u>

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.

4/10/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

(NOTE. Registered Agent signature required when reinstating)