
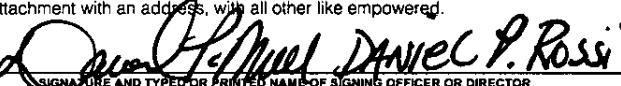


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90027 037 ***150.00

DOCUMENT # P02000020626 1. Entity Name D. P. ROSSI INVESTMENTS, INC.					
Principal Place of Business 344 BROOKS ST SE FT WALTON BEACH, FL 32548			Mailing Address 344 BROOKS ST SE FT WALTON BEACH, FL 32548		
2. Principal Place of Business 623 Calhoun Ave			3. Mailing Address 623 Calhoun Ave		
Suite, Apt. #, etc. —			Suite, Apt. #, etc. —		
City & State Destin, Florida			City & State Destin, Florida		
Zip 32541		Country US		Zip 32541	
Country US		4. FEI Number 04-3628846			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ROSSI, DANIEL P 344 BROOKS ST. 623 Calhoun Ave. FORT WALTON BEACH, FL 32548 Destin, FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSSI, DANIEL P 344 BROOKS ST SE FT WALTON BEACH, FL 32548			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DANIEL P. ROSSI				Date: 1/13/06 (850) 974-1596	

00007138



01132006 Chg-P CR2E034 (11/05)

4. FEI Number
04-3628846
Applied For
Not Applicable

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

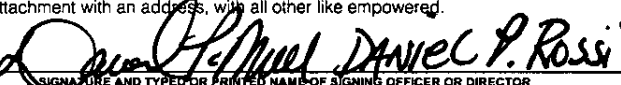
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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SIGNATURE:  **DANIEL P. ROSSI**
Date: **1/13/06** (850) 974-1596