

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90362 050 \*\*\*158.75

**DOCUMENT # P02000033688**

1. Entity Name  
**ARMITAGE SOUTH, INC.**



Principal Place of Business  
**1000 W. MCNAB RD  
242  
POMPANO BEACH, FL 33069**

Mailing Address  
**1000 W. MCNAB RD  
242  
POMPANO BEACH, FL 33069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**73-1634275**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOCITO, CHRISTINE R  
8560 WINFIELD BLVD  
MARGATE, FL 33068**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1000 W McNab Road**

City

**Pompano Beach**

FL

Zip Code

**33069**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~D/O~~ ☐ Delete  
NAME **SCOTTO, DOMINICK J**  
STREET ADDRESS **1160 MERRITTS ROAD**  
CITY-ST-ZIP **FARMINGDALE, NY 11735**

TITLE **D/C** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~D/O~~ ☐ Delete  
NAME **NOCITO, CHRISTINE R**  
STREET ADDRESS **8560 WINFIELD BLVD**  
CITY-ST-ZIP **MARGATE, FL 33068**

TITLE **MD/P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1000 W McNab Road**  
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE ~~D/O~~ ☐ Delete  
NAME **MITCHELL, LAWRENCE A**  
STREET ADDRESS **8560 WINFIELD BLVD**  
CITY-ST-ZIP **MARGATE, FL 33068**

TITLE **S/V** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1000 W McNab Road**  
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE **T** ☐ Delete  
NAME **SCOTTO, DOROTHY J**  
STREET ADDRESS **1160 MERRITTS ROAD**  
CITY-ST-ZIP **FARMINGDALE, NY 11735**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **SCOTTO, THERESA A**  
STREET ADDRESS **1160 MERRITTS ROAD**  
CITY-ST-ZIP **FARMINGDALE, NY 11735**

TITLE **LANFRANCO, Theresa A.** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **SCOTTO, LISA M**  
STREET ADDRESS **1160 MERRITTS ROAD**  
CITY-ST-ZIP **FARMINGDALE, NY 11735**

TITLE **ELFAWEL, Dorothy J.** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **1160 Merritts Road**  
CITY-ST-ZIP **Farmingdale NY 11735**

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: **Christine R. Nocito, President** 4-12-06 954-957-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #