2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000052202

1. Entity Name
300 TONEY PENA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
300 TONEY PENNA DRIVE SUITE # 6 JUPITER, FL 33458	300 TONEY PENNA DRIVE SUITE # 6 JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

02172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0420461	Not Applicable

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

6. Name and Address of Current Registered Agent

LIDONNI, JOSE
300 TONEY PENNA DRIVE
#6
JUPITER, FL 33458

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 3-23-06

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

TITLE	PD
NAME	LIDONNI, JOSE
STREET ADDRESS	300 TONEY PENNA DR #6
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/06-80036-001 150.00

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IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-06   561-743-8566
Date   Daytime Phone #