

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 22, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000078092

1. Entity Name
DEBORAH ZITO, P.A.



Principal Place of Business
**2803 SHORE BREEZE DR.
TAMPA, FL 33611**

Mailing Address
**2803 SHORE BREEZE DR.
TAMPA, FL 33611**



05172006 No Chg-P CR2E034 (11/05)

4. FEI Number **54-2071070** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ZITO, DEBORAH
2803 SHORE BREEZE DR.
TAMPA, FL 33611**

**DO NOT WRITE
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

Deborah J. Zito

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., if
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZITO, DEBORAH 2803 SHORE BREEZE DR. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZITO, MICHAEL P 2803 SHORE BREEZE DR. TAMPA, FL 33611
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05/22/06-80010-008 158.75

**DO NOT WRITE
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah J. Zito Deborah J. Zito 5-15-06 813-902-8.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If