

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000099949

1. Entity Name
NORMAN J. CASTELLANO, D.M.D., P.A.



Principal Place of Business
5207 E COLUMBUS DR
TAMPA, FL 33619

Mailing Address
5207 E COLUMBUS DR
TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE

**FILED
Mar 23, 2006 8:00 am
Secretary of State**

03-08-2006 90190 019 ***150.00

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02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4211873	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTELLANO, NORMAN J PRES
5207 E COLUMBUS DR
TAMPA, FL 33619

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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 *John J. Castellano and his wife* *Norman J. Castellano Pres.* DATE *3/20/06*
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renaming)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PRES CASTELLANO, NORMAN J 5207 E COLUMBUS DR TAMPA, FL 33619
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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: *John J. Castellano and his wife* *Norman J. Castellano* 3/20/06 813-872-9379 office
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

813-622-6577 home
813-784-4447 cell