


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90020 003 ***150.00

DOCUMENT # P02000102156

1. Entity Name
ANTHONY DI NELLA, INC.



Principal Place of Business
**3209 SANDSPUR DRIVE
 TAMPA, FL 33668**

Mailing Address
**3209 SANDSPUR DRIVE
 TAMPA, FL 33668**

40037771



2. Principal Place of Business
18705 Hanna Rd.
 Suite, Apt. #, etc.

3. Mailing Address
18705 Hanna Rd.
 Suite, Apt. #, etc.

03062006 Chg-P CR2E034 (11/05)

City & State
Lutz FL

City & State
Lutz FL

Zip Country
33549-3840 USA

Zip Country
33549-3840 USA

4. FEI Number
54-2077470

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DI NELLA, ANTHONY
 3209 SANDSPUR DRIVE
 TAMPA, FL 33668**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
18705 Hanna Rd.

City **Lutz** State **FL** Zip Code **33549**

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: *Anthony Di Nella* DATE: **3-13-06**

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

**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	D <input type="checkbox"/> Delete DI NELLA, ANTHONY 3209 SANDSPUR DRIVE TAMPA, FL 33668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MASUCK, PAMELA A 3209 SANDSPUR DRIVE TAMPA, FL 33668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18705 Hanna Rd. Lutz FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18705 Hanna Rd. Lutz FL 33549
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
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: *Anthony Di Nella* DATE: **3-13-06** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR