

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90050 027 ***150.00

DOCUMENT # P02000125167 1. Entity Name CAROL DE PETRILLO, P.A.			
Principal Place of Business 4195 PINE HOLLOW CIRCLE GREENACRES, FL 33463		Mailing Address 3729 VICTORIA ROAD WEST PALM BEACH, FL 33411	
2. Principal Place of Business 3729 VICTORIA Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL	
Zip 33411		Country RB	
4. FEI Number 16-6297066		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE PETRILLO, CAROL 4195 PINE HOLLOW CIRCLE GREENACRES, FL 33463		7. Name and Address of New Registered Agent Name CAROL DE PETRILLO Street Address (P.O. Box Number is Not Acceptable) 3729 VICTORIA Rd City WEST PALM BEACH FL Zip Code 33411	
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  <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when withdrawing)</small>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE PETRILLO, CAROL 3929 VICTORIA DRIVE WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 3-10-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	