

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90110 038 \*\*\*150.00

<b>DOCUMENT # P03000011085</b> 1. Entity Name <b>PETROCHE &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>4040 W. SILVER SPRINGS BLVD. OCALA, FL 34482</b>		Mailing Address <b>3028 SW 143 ROAD OCALA, FL 34473</b>	
2. Principal Place of Business <b>3028 SW 143 Road</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Ocala FL</b>		City & State Suite, Apt. #, etc.	
Zip <b>34473</b>		Country	
4. FEI Number <b>82-0584776</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>8. Name and Address of Current Registered Agent</b> <b>RODRIGUEZ, JOSE M</b> <b>4040 W SILVER SPRINGS BLVD</b> <b>OCALA, FL 34482</b>		<b>7. Name and Address of New Registered Agent</b> Name: Street Address (P.O. Box Number is Not Acceptable) <b>3028 SW 143 Road</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34473</b>	
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 if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LUZCANO, FERNANDO P 3028 SW 143 PLACE RD. OCALA, FL 34473	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RODRIGUEZ, JOSE M 3028 SW 143 PLACE RD. OCALA, FL 34473	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u><b>FERNANDO PETROCHE</b></u>		Date <u><b>01-17-06</b></u>	