

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044177

Entity Name: JOANNE M. LOMASCOLO, INC.

FILED  
Apr 04, 2006  
Secretary of State

## Current Principal Place of Business:

2401 WHITEHORSE ST  
DELTONA, FL 32738

## New Principal Place of Business:

1049 W NEW YORK AVE  
ORANGE CITY, FL 32763

## Current Mailing Address:

2401 WHITEHORSE ST  
DELTONA, FL 32738

## New Mailing Address:

1049 W NEW YORK AVE  
ORANGE CITY, FL 32763

FEI Number: 13-4250358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOMASCOLO, JOANNE M  
2401 WHITEHORSE ST  
DELTONA, FL 32738 US

## Name and Address of New Registered Agent:

LOMASCOLO, JOANNE M  
1049 W NEW YORK AVE  
ORANGE CITY, FL 32763 US

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.

SIGNATURE: \_\_\_\_\_

04/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOMASCOLO, JOANNE M  
Address: 2401 WHITE HOUSE ST.  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: BAXTER, KENNETH  
Address: 1921 REID ST  
City-St-Zip: PALATKA, FL 32177

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LOMASCOLO, JOANNE M  
Address: 1049 W NEW YORK AVE.  
City-St-Zip: ORANGE CITY, FL 32763

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE M LOMASCOLO

P

04/04/2006

Electronic Signature of Signing Officer or Director

Date