

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90042 004 \*\*\*150.00

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01122005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000044538</b> 1. Entity Name <b>JOHN C. STRIGARO, P.A.</b>					
Principal Place of Business <b>7088 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL</b>			Mailing Address <b>7088 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL</b>		
2. Principal Place of Business <b>4974 S. Peninsula Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>4974 S. Peninsula Dr.</b> Suite, Apt. #, etc.			
City & State <b>Ponce Inlet FL</b> Zip <b>32127</b> Country <b>US</b>		City & State <b>Ponce Inlet FL</b> Zip <b>32127</b> Country <b>US</b>		4. FEI Number <b>65-1182793</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STIGARO, JOHN C 7088 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL</b>			7. Name and Address of New Registered Agent Name <b>Strigaro, John C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4974 S. Peninsula Dr.</b> City <b>Ponce Inlet FL</b> Zip Code <b>32127</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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>STIGARO, JOHN C 7088 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Strigaro, John C. 4974 S. Peninsula Dr. Ponce Inlet, FL 32127</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemption stated in Section 119.07(3)(i), 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 <b>2/6/05</b> Daytime Phone # <b>386-871-0090</b>		