


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-13-2006 90065 049 \*\*\*150.00

<b>DOCUMENT # P03000044538</b>	
1. Entity Name <b>JOHN C. STRIGARO, P.A.</b>	

Principal Place of Business <b>4974 S. PENINSULA DR PONCE INLER, FL 32127</b>	Mailing Address <b>4974 S. PENINSULA DR PONCE INLER, FL 32127</b>
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2. Principal Place of Business <b>2700 N. Peninsula Ave.</b>		3. Mailing Address <b>2700 N. Peninsula Ave.</b>	
Suite, Apt. #, etc. <b>Apt. # 213</b>		Suite, Apt. #, etc. <b>Apt. # 213</b>	
City & State <b>New Smyrna Beach, FL</b>		City & State <b>New Smyrna Beach, FL</b>	
Zip <b>32169</b>	Country <b>US</b>	Zip <b>32169</b>	Country <b>US</b>

01202006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1182793</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>STIGARO, JOHN C 4974 S. PENINSULA DR POCE INLET, FL 32127</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>2700 N. Peninsula Ave. Apt. # 213</b> City <b>New Smyrna Beach</b> FL Zip Code <b>32169</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIGARO, JOHN C 4974 S. PENINSULA DR PONCE INLET, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Strigaro John C. 2700 N. Peninsula Ave. #213 New Smyrna Beach, FL 32169 <input checked="" 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
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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/06**

Date

**386-871-0090**

Daytime Phone #



ATTACHMENT

40029176

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

JOHN C. STRIGARO, P.A.  
2700 N. PENINSULA AVE  
APT. 213  
NEW SMYRNA BEACH, FL 32169

Subject: **JOHN C. STRIGARO, P.A.**

Reference Number: **P03000044538**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION