
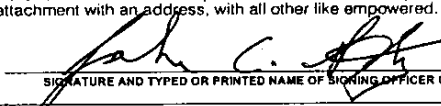


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90105 021 ***150.00

DOCUMENT # P03000044538 1. Entity Name JOHN C. STRIGARO, P.A.			
Principal Place of Business 2700 N PENINSULA AVE APT 213 NEW SMYRNA BEACH, FL 32169		Mailing Address 2700 N PENINSULA AVE APT 213 NEW SMYRNA BEACH, FL 32169	
2. Principal Place of Business - No P.O. Box # 70 Inlet Harbor Rd		3. Mailing Address 70 Inlet Harbor Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Port Orange, FL		City & State Port Orange, FL	
Zip 32127		Zip 32127	
Country 		Country 	
4. FEI Number 65-1182793		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 STIGARO, JOHN C 2700 N PENINSULA AVE APT 213 NEW SMYRNA BEACH, FL 32169		7. Name and Address of New Registered Agent Name Strigaro, John C. Street Address (P.O. Box Number is Not Acceptable) 70 Inlet Harbor Rd. City Port Orange FL Zip Code 32127	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 STIGARO, JOHN C 2700 N PENINSULA AVE 213 NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Strigaro, John C. 70 Inlet Harbor Rd. Port Orange, FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: 		Date 4/30/07 Daytime Phone # 386-871-0090	