## 2006 FOR PROFIT CORPORATION

## **FILED** Jan 17, 2006 08:00 AM Secretary of State

ANNUAL REPORT	***	*
DOCUMENT # P03000055084 1. Entity Name THOMAS A. NANNA, P.A.	Sime.	

Principal Place of Business

Mailing Address

8910 NORTH DALE MABRY SUITE 1

8910 NORTH DALE MABRY

SUITE 1 TAMPA, FL 33614

TAMPA, FL 33614



## DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0036710 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NANNA, THOMAS A 4907 BAYSHORE BLVD., #111

## DO NOT WRITE

TAMPA, FI	AMPA, FL 33611			THIS SPACE		
8. The above	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d óffice or n	gistered agent, or bo	th, in the State of Florida. I am famili	iar with, and accept
SIGNATURE	TA Thomas	A. Nanne, Pers.			1.13-0	۵
	Egnatura. Typed or printed name of registered agent and sitte  E NOWILL FEE IS \$150.00  ay 1, 2006 Fee Will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	<del></del>	\$5.00 May Be Added to Fees	7 TOACE	7
10.	OFFICERS AND DIREC	OTOAS -	-			F. 1 - T. E. F. F
TITLE :	PO					<u></u> 8-; .
NAME	NANNA, THOMAS A		-		-	1.3
STREET ADDRESS	11519 GALLERIA DR.		ļ		is "o" or or o dieser of the	- · · •
CITY-ST- DP	TAMPA, FL 33624				UU_U_U_U_U_U_U S1548EUUUUU	5 150.00
TITLE			<u></u>	··· = = = = .	01/56/00_donon_oc	3 100.00
NAME		,	Zan Takanar -			
STREET ADDRESS	}					* ****
CITY-ST-ZIP						
TITLE	<del></del>	<u>1</u>	***********			
NAME	}	اق ، مي	<u>~ ~~</u>		Marine and the second	
SIRRET ADDRESS			ļ			7 The 12 Sec. 19
CITY-ST-ZIP			ł	DO	NOT WRITE	
TITLE	<del></del>	<del></del>	5 V - <u>-</u>			
NAME	·		- 2	N	THIS SPACE	
SIREET ADDRESS	}		1			
CITY-ST-ZIP	}		ł			
<u> </u>	<del></del>	<del></del>				
DIFE	<b>{</b>	· · · · · · · · · · · · · · · · · · ·				
NAME	}		1			- **
STREET ADDRESS	}		•			
CAY-ST-ZIP	<u> </u>	<del></del>	]			
TITLE		· • • • • • • • • • • • • • • • • • • •				
NAME	{		}	the same of the sa	ta in its second and the second	and the second
STREET ADDRESS			[			• •
CITY-ST-ZIP	}		i			
12. I hereby	certify that the information supplied with this !	filing does not qualify for the exe	mptions co	ntained in Chapter 11	9, Florida Statules. I further certify the	nat 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 cath, that I am an office or direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	the-	-Thomas	A. Nanna
			MONTH AND