


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90030 009 ***150.00

DOCUMENT # P03000056656		
1. Entity Name JONATHAN TOLENTINO, P.A.		

Principal Place of Business 501 GOODLETTE RD, STE D-100 NAPLES, FL 34102 US	Mailing Address 501 GOODLETTE RD, STE D-100 NAPLES, FL 34102 US
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2. Principal Place of Business		3. Mailing Address 69 N RIVERWALK DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PALM COAST, FL	
Zip	Country	Zip 32137	Country



05092006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent TOLENTINO, JONATHAN 495 13TH AVE. SOUTH NAPLES, FL 34102		7. Name and Address of New Registered Agent Name JONATHAN TOLENTINO Street Address (P.O. Box Number is Not Acceptable) 1074 22ND AVE N City NAPLES FL Zip Code 34103	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFR TOLENTINO, JONATHAN MR. 495 13TH AVE. SOUTH NAPLES, FL 34102 <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
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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:  **5/15/06** **239-793-7788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #