

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90083 026 ***150.00

DOCUMENT # P03000059906

1. Entity Name

ALFRED A. ISNETTO PA



Principal Place of Business

11357 SILVERWOOD COURT
SPRINGHILL FL 34609

Mailing Address

11357 SILVERWOOD COURT
SPRINGHILL FL 34609



2. Principal Place of Business

4369 Caliquen Drive
Suite, Apt. #, etc.

3. Mailing Address

4369 Caliquen Drive
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Brooksville FL
Zip 34604 Country U.S.A

City & State

Brooksville FL
Zip 34604 Country U.S.A

4. FEI Number

81-0617028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISNETTO, ALFRED A
11357 SILVERWOOD COURT
SPRINGHILL FL 34609

7. Name and Address of New Registered Agent

Name
ISNETTO, ALFRED A
Street Address (P.O. Box Number is Not Acceptable)
4369 Caliquen Drive
City Brooksville FL Zip Code 34604

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

ALFRED A. ISNETTO

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

2-1-06

FILE NOW!!! - FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME ISNETTO, ALFRED A
STREET ADDRESS 11357 SILVERWOOD COURT
CITY-ST-ZIP SPRINGHILL FL 34609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.P. ☒ Change ☐ Addition
NAME ISNETTO, ALFRED A.
STREET ADDRESS 4369 Caliquen Drive
CITY-ST-ZIP Brooksville FL 34604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #