


**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90295 046 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P03000068730</b> 1. Entity Name GERALDINE A. ANARUMO, P.A.		
Principal Place of Business <del>245 GREELEY LOOP</del> <del>DAVENPORT, FL 33897</del> <b>7370 Bent Grass Dr.</b> <b>Winter Haven, FL 33884</b>	Mailing Address <del>245 GREELEY LOOP</del> <del>DAVENPORT, FL 33897</del> <b>7370 Bent Grass Dr.</b> <b>Winter Haven, FL 33884</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  ANARUMO, GERALDINE A <del>245 GREELEY LOOP</del> <del>DAVENPORT, FL 33897</del> <b>7370 Bent Grass Drive</b> <b>Winter Haven, FL 33884</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: <u>X Geraldine A. Anarumo PA</u> DATE: <u>4-27-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANARUMO, GERALDINE A <del>245 GREELEY LOOP</del> <b>7370 Bent Grass Dr.</b> <del>DAVENPORT, FL 33897</del> <b>Winter Haven, FL 33884</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
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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: <u>X Geraldine A. Anarumo PA</u> DATE: <u>4-27-06</u> DAYTIME PHONE: <u>863-557-2305</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

40087779

04202006 No Chg-P CR2E034 (11/05)

 4. FEI Number  
 20-0068456

 Applied For  
 Not Applicable

 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**