2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000082518

1. Entity Name
IAN S. GIOVINCO, PA

Principal Place of Business	Mailing Address
84 DAVIS BLVD., #303 TAMPA, FL 33606	84 DAVIS BLVD., #205 TAMPA, FL 33606

01272006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
81 DAVIS BLVD	*81 DAVIS BLVD*	54-2118880	Not Applicable
Suite, Apt. #, etc. *#A*	Suite, Apt. #, etc. *#A*		
City & State *TAMPA, FL*	City & State *TAMPA, FL*	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip *33606* Country *USA*	Zip *33606* Country *USA*		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~GROVINCO, IAN S~~ *Giovinco, Ian S.* ~~84 DAVIS BLVD., #303~~ *81 A Davis Blvd.* ~~TAMPA, FL 33611~~ *Tampa, Fl 33606*	Name Street Address (P.O. Box Number is Not Acceptable) *81 DAVIS BLVD, #A* City *TAMPA* FL Zip Code *33606*

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 _____   *1/30/06*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME GIOVINCO, IAN S STREET ADDRESS 84 DAVIS BLVD., #303 CITY-ST-ZIP TAMPA, FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*81 DAVIS BLVD, #A* *TAMPA, FL 33606* ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *P_____*   *1/30/06* *813-728-8548*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #