

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90326 045 \*\*\*150.00

**DOCUMENT # P03000085641**



1. Entity Name  
CYNTHIA INFESTO, P.A.

Principal Place of Business  
18441 TELEGRAPH CREEK LN  
ALVA, FL 33971

Mailing Address  
18441 TELEGRAPH CREEK LN  
ALVA, FL 33971

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ALVA FL

City & State

ALVA FL

Zip 33920

Country USA

Zip 33920

Country USA

04042006

Chg-P

CR2E034 (11/05)

4. FEI Number

30-0197343

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INFIESTO, CYNTHIA  
18441 TELEGRAPH CREEK LN,  
ALVA, FL 33971

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

18660 RIVER ESTATES LN

City ALVA

FL

Zip Code 33920

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

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

TITLE P  
NAME INFIESTO, CYNTHIA  
STREET ADDRESS 18441 TELEGRAPH CREEK LN  
CITY-ST-ZIP ALVA, FL 33971

☐ Delete

TITLE VP  
NAME INFIESTO, CYNTHIA  
STREET ADDRESS 18441 TELEGRAPH CREEK LN  
CITY-ST-ZIP ALVA, FL 33971

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-06 2396901925