


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000130759		
1. Entity Name ELLEN M. USSIO, P.A.		
Principal Place of Business 3819 SURREY CT. SARASOTA, FL 34235		Mailing Address 3819 SURREY CT. SARASOTA, FL 34235
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PSTD	
NAME	USSIO, ELLEN M	
STREET ADDRESS	3819 SURREY CT.	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 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>Ellen M. Ussio, President 12/31/05 (941) 377-5346</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0361313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/12/06-80044-004 150.00

**DO NOT WRITE
IN THIS SPACE**

Ellen M. Ussio