2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000012656

1. Entity Name
LOUIS PETRUZZELLI, P.A.

Principal Place of Business	Mailing Address
3285 ALDORO AVE SPRING HILL, FL 34609 US	PO BOX 7116 HUDSON, FL 34674 US

DO NOT WRITE IN THIS SPACE

04252006   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-1704019	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

PETRUZZELLI, LOUIS
3285 ALDORO AVE
SPRING HILL, FL 34609

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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	DPST
NAME	PETRUZZELLI, LOUIS
STREET ADDRESS	PO BOX 7116
CITY-ST-ZIP	HUDSON, FL 34674

U00000544683
05/11/06-80044-023 150.00

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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: X _____   LOUIS PETRUZZELLI   X   4-27-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #