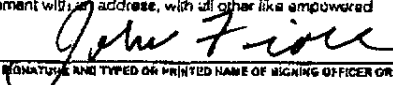


FILED
May 05, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000028549		
1. Entity Name WILLIAM JAMES FIORE, INC.		
Principal Place of Business 323 W HAYA ST TAMPA, FL 33603		Mailing Address 323 W HAYA ST TAMPA, FL 33603
DO NOT WRITE IN THIS SPACE		
		04272006 No Chg-P CR2E034 (11/05)
4. FEI Number 20-0792873		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FIORE, JOHN 8402 QUARTZ PL TAMPA, FL 33615		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
CHECK ENCLOSED \$7.55 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 NAME STREET ADDRESS CITY-ST-ZIP	P FIORE, JOHN 8402 QUARTZ PL TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV FIORE, WILLIAM 323 W HAYA ST TAMPA, FL 33603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIORE, MATTHEW 8402 QUARTZ PL TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMICK, RONNY 806 E. NEW ORLEANS TAMPA, FL 33603	
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: 		4/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date

U00000563364
05/20/06-80007-015 150.00

**DO NOT WRITE
IN THIS SPACE**