

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068469

FILED  
Feb 01, 2006  
Secretary of State

Entity Name: AMY K. DISALVO, P.A.

## Current Principal Place of Business:

2857 RIVER PINES WAY  
SARASOTA, FL 34231

## New Principal Place of Business:

11343 DANCING RIVER DRIVE  
VENICE, FL 34292

## Current Mailing Address:

2857 RIVER PINES WAY  
SARASOTA, FL 34231

## New Mailing Address:

11343 DANCING RIVER DRIVE  
VENICE, FL 34292

FEI Number: 20-1049363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DISALVO, JAMES E  
2857 RIVER PINES WAY  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

DISALVO, JAMES E  
11343 DANCING RIVER DRIVE  
VENICE, FL 34292 US

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.

SIGNATURE: AMY K. DISALVO

02/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DISALVO, AMY K  
Address: 2857 RIVER PINES WAY  
City-St-Zip: SARASOTA, FL 34231

Title: VP ( ) Delete  
Name: DISALVO, JAMES E  
Address: 2857 RIVER PINES WAY  
City-St-Zip: SARASOTA, FL 34231

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DISALVO, AMY K  
Address: 11343 DANCING RIVER DRIVE  
City-St-Zip: VENICE, FL 34292

Title: VP (X) Change ( ) Addition  
Name: DISALVO, JAMES E  
Address: 11343 DANCING RIVER DRIVE  
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. DISALVO

VP

02/01/2006

Electronic Signature of Signing Officer or Director

Date