

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90108 032 \*\*\*158.75

<b>DOCUMENT # P04000103393</b>					
<b>1. Entity Name</b> ANASTASIO PROPERTIES, INC.					
<b>Principal Place of Business</b> 2755 NEWFOUND HARBOR DRIVE MERRITT ISLAND, FL 32952			<b>Mailing Address</b> 2755 NEWFOUND HARBOR DRIVE MERRITT ISLAND, FL 32952		
<b>2. Principal Place of Business - No P.O. Box #</b> 1497 GRAND ISLE BLVD		<b>3. Mailing Address</b> 1497 GRAND ISLE BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222007    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> MELBOURNE, FL		<b>City &amp; State</b> MELBOURNE, FL		<b>4. FEI Number</b> 86-1112139	
<b>Zip</b> 32940		<b>Country</b> BREVARD		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HERNDON, BIRAN C 800 VIRGINIA AVENUE 38-I FORT PIERCE, FL 34982			<b>7. Name and Address of New Registered Agent</b> Name: <u>Biran C. Hernden, P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>8418 S US Hwy. 1</u> City: <u>Port St. Lucie</u> <b>FL</b> <u>34952</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>1/23/07</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D P	<b>NAME</b> ANASTASIO, DOMINICK L		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2755 NEWFOUND HARBOR DR.	1497 GRAND ISLE BLVD		MELBOURNE, FL	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952	MELBOURNE, FL 32940			<b>CITY-ST-ZIP</b>	
<b>TITLE</b> V P	<b>NAME</b> JOSEPHINE A. ANASTASIO		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1497 GRAND ISLE BLVD	MELBOURNE, FL 32940			<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MELBOURNE, FL 32940				<b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Dominick L. Anastasio</u>			<u>1/31/07 321-751-0968</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		