


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90073 011 ***150.00

DOCUMENT # P05000003835	
1. Entity Name JOSEPH J. COSENTINO, PA	

Principal Place of Business 3240 SW 34TH ST. APT. 402 OCALA FL 34474	Mailing Address 3240 SW 34TH ST. APT. 402 OCALA FL 34474
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2. Principal Place of Business 4062 SW 51ST CT	3. Mailing Address 4062 SW 51ST CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCALA FL	City & State OCALA FL
Zip 34474	Zip 34474
Country USA	Country USA

4. FEI Number 90-0214841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COSENTINO, JOSEPH 3240 SW 34TH ST. APT. 402 OCALA FL 34474	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Joseph J Cosentino P/S 2-10-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	<input type="checkbox"/> Delete	TITLE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COSENTINO, JOSEPH		NAME COSENTINO, JOSEPH	
STREET ADDRESS 3240 SW 34TH ST. APT. 402		STREET ADDRESS 4062 SW 51ST CT	
CITY-ST-ZIP OCALA FL 34474		CITY-ST-ZIP OCALA FL 34474	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COSENTINO, JOSEPH		NAME COSENTINO, Joseph	
STREET ADDRESS 3240 SW 34TH ST. APT. 402		STREET ADDRESS 4062 SW 51ST CT	
CITY-ST-ZIP OCALA FL 34474		CITY-ST-ZIP OCALA FL 34474	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joseph J Cosentino 2 10 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 352 516-0797
Date Daytime Phone #