

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080691

FILED  
Feb 01, 2006  
Secretary of State

Entity Name: AGOSTINI SERVICES, INC.

## Current Principal Place of Business:

126 NW MADISON COURT  
PORT ST. LUCIE, FL 34986

## New Principal Place of Business:

1142 SW GASTADOR AVE  
PORT ST. LUCIE, FL 34953

## Current Mailing Address:

126 NW MADISON COURT  
PORT ST. LUCIE, FL 34986

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete  
Name: AGOSTINI, TERESA V  
Address: 126 NW MADISON COURT  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP,T ( ) Delete  
Name: AGOSTINI, ELIZABETH G  
Address: 126 NW MADISON COURT  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: AGOSTINI, TERESA V  
Address: 1142 SW GASTADOR AVE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: P (X) Change ( ) Addition  
Name: AGOSTINI, DOMINGO  
Address: 1142 SW GASTADOR AVE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T ( ) Change (X) Addition  
Name: AGOSTINI, DOMINGO  
Address: 1142 SW GASTADOR AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S ( ) Change (X) Addition  
Name: AGOSTINI, ELIZABETH  
Address: 1142 SW GASTADOR AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: TERESA AGOSITNI

VP

02/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date