

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90030 047 \*\*\*150.00

**DOCUMENT # P05000087257**

1. Entity Name

TINA & TERRY, INC.



Principal Place of Business

11301 STANSBERRY DRIVE  
PORT RICHEY FL 34668

Mailing Address

11301 STANSBERRY DRIVE  
PORT RICHEY FL 34668



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0900946

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

TINA PERRY

Street Address (P.O. Box Number is Not Acceptable)

11301 STANSBERRY DRIVE

City

PORT RICHEY

FL

Zip Code

34668

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

*Tina Perry, Pres.*

3/27/06

**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: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PERRY, TINA	
STREET ADDRESS	11301 STANSBERRY DRIVE	
CITY - ST - ZIP	PORT RICHEY FL 34668	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	DIBENEDETTO, THERESA	
STREET ADDRESS	11301 STANSBERRY DRIVE	
CITY - ST - ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOCASCIO, PETER	
STREET ADDRESS	11301 STANSBERRY DRIVE	
CITY - ST - ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINA PERRY	
STREET ADDRESS	11301 STANSBERRY DR	
CITY - ST - ZIP	PORT RICHEY FL 34668	
TITLE	SECY/TR/DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIBENEDETTO, THERESA	
STREET ADDRESS	11624 FOXWORTH LANE	
CITY - ST - ZIP	NEW PORT RICHEY FL 34654	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCASCIO, PETER	
STREET ADDRESS	50 BELTON ROAD	
CITY - ST - ZIP	BABYLON NY 11702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tina Perry* TINA PERRY PRES

Date

3/27/06

Daytime Phone #

727-868-2202