
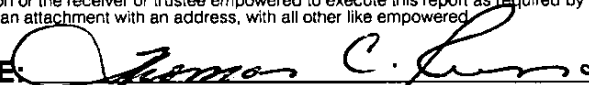


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90028 016 \*\*\*150.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # P05000096509</b><br>1. Entity Name<br><b>T.C. RUSSO ASSOCIATES, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>1925 S. 14TH ST.</b><br><b>5D</b><br><b>AMELIA ISLAND, FL 32034 US</b>   |  |   | Mailing Address<br><b>1925 S. 14TH ST.</b><br><b>5D</b><br><b>AMELIA ISLAND, FL 32034 US</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State   |  |   | City & State   |  |  |
| Zip  |  | Country   |  | 4. FEI Number<br><b>57-1007715</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RUSSO, THOMAS C</b><br><b>1925 S. 14TH ST.</b><br><b>5D</b><br><b>AMELIA ISLAND, FL 32034</b>  |  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 6, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>RUSSO, THOMAS C</b><br><b>900 SOUTH FLETCHER AVE.</b><br><b>FERNANDINA BEACH, FL 32034</b> | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| 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>SIGNATURE:</b>  <b>5/15/06 (904) 277-3455</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |  |   |  |  |  |

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Service Takes 1 DAY

40093385

#PUS028096509

Corporation Information

Name of Corporation

T.C. RUSSO ASSOCIATES, INC.

Federal ID Number

57-1007715

Principal Place of Business and Mailing Address

1935 S. 14<sup>TH</sup> ST.

City

AMERICA ISLAND,

State

Choose State ☒ FL

Zip Code

32034

County

NASSAU

Phone Number

(904) 277-3495

Fax Number

(904) 261-3065

Email

TRUSSO@BELLSOUTH.NET

Board of Directors - NONE

Name of Director #1

Address

City

State

Choose State ☐

Zip Code

ATTACHMENT

40093385

# P45 000096509

Country

**Name of Director #2**

Address

City

State

Choose State

Zip Code

Country

**Name of Director #3**

Address

City

State

Choose State

Zip Code

Country

**Name of Director #4**

Address

City

State

Choose State

Zip Code

Country

ATTACHMENT

40093385

#P05000096509

Name of Director #5

Address

City

State

Choose State

Zip Code

Country

Officers of the Corporation

Name of President

THOMAS C. RUSSO

Address

900 S. FLETCHER AVE

City

FERNANDINA BEACH

State

Choose State

FL

Zip Code

32034

Country

USA

Name of Vice President - NONE

Address

City

State

Choose State

Zip Code

Country

Name of Secretary

ATTACHMENT

40093385

THOMAS C. RUSSO

Address

# POS000096509

900 S. FLETCHER AVE

City

FERNANDINA BEACH

State

Choose State FL

Zip Code

32084

Country

USA

Name of Treasurer

THOMAS C. RUSSO

Address

900 S. FLETCHER AVE

City

FERNANDINA BEACH

State

Choose State FL

Zip Code

32034

Country

USA

#### Florida Corporation Annual Report Fees and Services

- ☒ Florida Annual Report (UBR) Filing  
Annual Report Prepared and Filed  
FREE SAME DAY FILING

\$ 245 Required

- ☐ Deluxe Kit Upgrade including Corporate Seal & Embosser

\$ 65

- ☐ Corporate Seal and Embosser ONLY

\$ 32

#### Choose who's going to be the Registered Agent

- ☐ A1A is going to be my Registered Agent & Incorporator

FREE though May 1, 2006.  
\$95/year after

- ☐ Leave the current Registered Agent

\$ 0

- ☒ Change the Current Registered Agent & Incorporator.  
Please Supply the name and address of the Registered  
Agent (MUST be a street address not a P.O. BOX or a  
Mailbox Store)

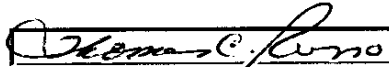
\$ 0

ATTACHMENT

40093385  
#P0500096509

Name THOMAS C. RUSSO  
Address 1925 S. 14TH ST.  
City AMELIA IS Florida, 32034

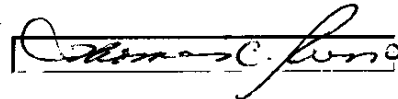
Registered Agent  
Signature



Having been named as registered agent to accept service of process for the above corporation at the place designated in this certificate, I am familiar and accept the appointment as registered agent and agree to act in this capacity. This signature must be that of the individual "signing" this document electronically or may be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Choose Title 

Signature



This signature must be that of the individual "signing" this document electronically or may be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

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