

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

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

02-16-2006 90049 001 \*\*\*150.00

**DOCUMENT # P05000096771**  
 1. Entity Name  
**JOHNNY N. REDONDO & ASSOC., INC.**



Principal Place of Business      Mailing Address  
**3030 N. ROCKY POINT DRIVE, SUITE 408**      **P.O. BOX 273772**  
**TAMPA FL 33607**      **TAMPA FL 33688**  
**US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number  
**020746104**      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**  
**REDONDO, JOHNNY N**  
**4337 WATERFORD LANDING DR.**  
**LUTZ FL 33558**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>REDONDO, JOHNNY N</b>
STREET ADDRESS	<b>P.O. BOX 273772</b>
CITY-ST-ZIP	<b>TAMPA FL 33688</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>REDONDO, JOHNNY N</b>
STREET ADDRESS	<b>P.O. BOX 273772</b>
CITY-ST-ZIP	<b>TAMPA FL 33688</b>
TITLE	<b>TRES</b> <input type="checkbox"/> Delete
NAME	<b>REDONDO, JOHNNY N</b>
STREET ADDRESS	<b>P.O. BOX 273772</b>
CITY-ST-ZIP	<b>TAMPA FL 33688</b>
TITLE	<b>SECR</b> <input type="checkbox"/> Delete
NAME	<b>REDONDO, JOHNNY N</b>
STREET ADDRESS	<b>P.O. BOX 273772</b>
CITY-ST-ZIP	<b>TAMPA FL 33688</b>
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	<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	
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 reports 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      Date      Daytime Phone #



ATTACHMENT

66003719

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

JOHNNY N. REDONDO & ASSOC., INC.  
P.O. BOX 273772  
TAMPA, FL 33688

Subject: ~~JOHNNY N. REDONDO & ASSOC., INC.~~

Reference Number: P05000096771

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE  
ANNUAL REPORTS SECTION