

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-17-2006 90406 006 ***150.00

DOCUMENT # P05000112757

1. Entity Name
ADMERON, INC.



Principal Place of Business
**5444 ASHTON MANOR DR
SARASOTA, FL 34233**

Mailing Address
**5444 ASHTON MANOR DR
SARASOTA, FL 34233**

66016261



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3306922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIETRIPAOLI, SALVATORE
5444 ASHTON MANOR DR
SARASOTA, FL 34233**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PIETRIPAOLI, SALVATORE**
STREET ADDRESS **5444 ASHTON MANOR DR**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SEC** ☐ Delete
NAME **PIETRIPAOLI, LORI A**
STREET ADDRESS **5444 ASHTON MANOR DR**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 917-723-2823

Date

Daytime Phone #

ATTACHMENT
66016261



May 9, 2006

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Admeron, Inc.
Reference Number: P05000112757

To Whom It May Concern:

Please find enclosed the following:

- ◆ A copy of the letter from Florida Department of State asking for Block 4 on the 2006 For Profit Corporation Annual Report to be completed.
- ◆ A 2006 For Profit Corporation Annual Report with Block 4 completed.

Please feel free to contact me at anytime on the phone number listed below, if further information is needed.

Sincerely,

A handwritten signature in black ink, appearing to read "Sal Pietropaoli".

Sal Pietropaoli
President

Enclosures