

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

06-14-2006 90004 002 \*\*\*150.00

<b>DOCUMENT # P05000127726</b> 1. Entity Name <b>DECROTEAU BROTHERS FLORIDA INC.</b>			
Principal Place of Business <b>4890 AGEMAN AVENUE NORTH PORT FL 34287 US</b>		Mailing Address <b>4890 AGEMAN AVENUE 28 WEST WYOMING AVE NORTH PORT FL 34287 US Melrose MA 02176</b>	
2. Principal Place of Business <b>North Port FL 34287</b> Suite, Apt. #, etc.		3. Mailing Address <b>Melrose MA</b> <b>28 WEST WYOMING AVE</b> 02176 Suite, Apt. #, etc.	
City & State <b>North Port FL 34287</b> Zip <b>34287</b> Country <b>USA</b>		City & State <b>Melrose MA</b> Zip <b>02176</b> Country <b>U.S.A.</b>	
4. FEI Number <b>20-3482415</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent <b>DECROTEAU, MICHAEL S 4890 AGEMAN AVENUE NORTH PORT FL 34287</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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  DATE <b>7/9/06</b> <small>(NOTE: Registered Agent signature required when resigning)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P DECROTEAU, MICHAEL S 29 HARRISON STREET STONEHAM MA 02180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DECROTEAU, DEBRA 29 HARRISON STREET STONEHAM MA 02180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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:		Date: <b>6/9/06</b> Phone: <b>781-665-2873</b>	