



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90034 049 \*\*\*150.00

<b>DOCUMENT # P05000133467</b> 1. Entity Name PROCACCI TEAM, INC.					
Principal Place of Business 75 VINEYARDS BLVD. NAPLES, FL 34119 US			Mailing Address 75 VINEYARDS BLVD. NAPLES, FL 34119 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">66012097</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>01092006</span> <span>Chg-P</span> <span>CR2E034 (11/05)</span> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">             4. FEE Number  <i>Applied For</i> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable           </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>5. Certificate of Status Desired <input type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <b>\$8.75</b> Additional              Fee Required           </div> </div>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  ROGERS, ROBERT 75 VINEYARDS BLVD. NAPLES, FL 43119					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PROCACCI, MARIA 75 VINEYARDS BLVD NAPLES, FL 34119	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>Maria Procacci</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%;"> <i>1-10-06</i>  <small>Date</small> </div> <div style="width: 30%;"> <i>239-353-3393</i>  <small>Signature Phone #</small> </div> </div>					