## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Secretary of State 02-06-2006 90090 004 \*\*\*150.00 **DOCUMENT # P05000160585** ROCHESTER HOT DOGS INC. · hj Mailing Address Principal Place of Business 5329 SUMMERLIN ROAD 5329 SUMMERLIN ROAD APT # 8 APT # 8 FORT MYERS, FL 33919 FORT MYERS, FL 33919 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 Chg-P CR2E034 (11/05) 4. FEI Number City & State City & State Applied For 30-3907 62H Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASTAGNARO, THOMAS Street Address (P.O. Box Number is Not Acceptable) 5329 SUMMERLIN ROAD APT#8 FORT MYERS, FL 33919 City Zip Code ۴L 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 little if applicable. (NOTE: Registered Agent signature required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PRES Delete TITLE ☐ Change Addition CASTAGNARO, THOMAS NAME NAME STREET ADDRESS 5329 SUMMERLIN ROAD, APT # 8 STREET ADDRESS FORT MYERS, FL 33919 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change **□** Addition NAME NAME SUMMERY RU-SZO STREET ADDRESS STREET ADDRESS CLTY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS OYSTER BAY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Defete TITLE Change — 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ 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.

STREET ADDRESS CITY-ST-ZIP

NAME

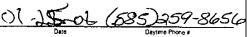
SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**FILED** Feb 06, 2006 8:00 am