




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90132 036 ***150.00

DOCUMENT # P05000164742 1. Entity Name ALLISON G. MODONESE, PA			
Principal Place of Business 8300 GRANADA BLVD. ORLANDO, FL 32836		Mailing Address 8300 GRANADA BLVD. ORLANDO, FL 32836	
2. Principal Place of Business 11422 PLUMROSE CT Suite, Apt. #, etc. ORLANDO, FLORIDA City & State		3. Mailing Address 11422 PLUMROSE CT Suite, Apt. #, etc. ORLANDO, FLORIDA City & State	
Zip 32821	Country	Zip 32821	Country
6. Name and Address of Current Registered Agent MODONESE, ALLISON G 8300 GRANADA BLVD. ORLANDO, FL 32836		7. Name and Address of New Registered Agent Name MODONESE, ALLISON G. Street Address (P.O. Box Number is Not Acceptable) 11422 PLUMROSE CT City ORLANDO FL Zip Code 32821	
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, whichever is applicable</small>		DATE: 4/10/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11	
TITLE P NAME MODONESE, ALLISON G STREET ADDRESS 8300 GRANADA BLVD. CITY-ST-ZIP ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE P NAME MODONESE, ALLISON G. STREET ADDRESS 11422 PLUMROSE CT CITY-ST-ZIP ORLANDO, FL 32821	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 4/10/06 DAYTIME PHONE: 407-6175605	

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4. FEI Number 20-3971078 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required