

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
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DOCUMENT # 906000103713

1. Entity Name

Linda Ducato P.A.



FILED

11 JUN -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

7432 Pinewalk Dr. S.

Suite, Apt. #, etc.

3. Mailing Address

7432 Pinewalk Dr. S.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Margate, Florida

City & State

Margate Florida

4. FEI Number

0310607406

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

Linda Ducato

Street Address (P.O. Box Number is Not Acceptable)

7432 Pinewalk Drive South

City Margate

FL

Zip Code

33063

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

Linda Ducato President

5/25/11

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

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

PTALIN2@AOL.COM

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Linda Ducato
7432 Pinewalk Drive South
Margate FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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000207320790
05/06/11-01037--008 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.183 F.S.

SIGNATURE:

Linda Ducato President

5/25/11

DATE

954 695-4918

Daytime Phone #