

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000008237



Entity Name  
 SISTO, INC.

Principal Place of Business  
 1084 NE JENSEN BCH. BLVD.  
 JENSEN BCH., FL 34957

Mailing Address  
 1084 NE JENSEN BCH. BLVD.  
 JENSEN BCH., FL 34957



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0363941** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

SISTO, GEORGE R  
 1084 NE JENSEN BEACH BLVD  
 JENSEN BEACH, FL 34957

**DO NOT WRITE IN THIS SPACE**

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 title if applicable.

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

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**OFFICERS AND DIRECTORS**

NAME	D	SISTO, GEORGE R
STREET ADDRESS		1084 NE JENSEN BEACH
CITY-ST-ZIP		JENSEN BEACH, FL 34957
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 01/30/06-80074-023 150.00

**DO NOT WRITE IN THIS SPACE**

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:**

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06

Date

772-334-5221

Daytime Phone #