

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90307 010 \*\*\*150.00

**DOCUMENT # P93000023182**



1. Entity Name  
**JOHN ANDRISANI & ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**4894 SABAL LAKE CIRCLE** **4894 SABAL LAKE CIRCLE**  
**SARASOTA, FL 34238 US** **SARASOTA, FL 34238 US**  
*6100 GULFPORT BLVD. SOUTH #302* *6100 GULFPORT BLVD. SOUTH #302*  
*GULFPORT, FL 33707 US* *GULFPORT, FL 33707 US*

**50012041**

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-3170264</b>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

04072006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ANDRISANI, JOHN <b>4894 SABAL LAKE CIRCLE</b> <i>6100 Gulfport Blvd. South #302</i> <b>SARASOTA, FL 34238</b> <i>Gulfport, FL 33707</i> <i>(New)</i> <i>adartis</i>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<i>ANDRISANI, JOHN</i>					
<i>4894 SABAL LAKE CIRCLE</i>					
<i>6100 GULFPORT BLVD. SOUTH #302</i>					
<i>SARASOTA, FL 34238</i>					
<i>Gulfport, FL 33707</i>					

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:** *John Andrisani (President)* **4-8-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #