


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -1 PM 5:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>P93000066255</b>					
1. Entity Name <b>AWAD &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>880 CARILLON PARKWAY ST. PETERSBURG, FL 33716</b>			Mailing Address <b>880 CARILLON PARKWAY ST. PETERSBURG, FL 33716</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0444699</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MATECKI, PAUL L 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716</b>				Name <b>CT Corporation</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Road</b>	
				City <b>Plantation</b>	
				Zip Code <b>FL 33324</b>	
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 <u>Connie Bryan</u> <b>CONNIE BRYAN</b> Special Assistant Secretary <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 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			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AWAD JAMES D <input type="checkbox"/> Delete 1 E END AVE #1A NEW YORK, NY 10021				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILL, STEPHEN G <input type="checkbox"/> Delete 880 CARILLON PKWY ST. PETERSBURG, FL 33716				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JULIEN, JEFFREY P <input type="checkbox"/> Delete 880 CARILLON PARKWAY ST. PETERSBURG, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EGAN, CAROL A <input type="checkbox"/> Delete 880 CARILLON PARKWAY ST. PETERSBURG, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILSON, DONNA <input type="checkbox"/> Delete 880 CARILLON PARKWAY ST. PETERSBURG, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DOWDLE, JEFFREY A <input type="checkbox"/> Delete 880 CARILLON PKWY. SAINT PETERSBURG, FL 33716				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900074821299</b> <b>05/18/06--01035--019 **150.00</b>				
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"/> Change <input type="checkbox"/> Addition				
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: <u>Steve Hill</u> <b>Steve Hill</b> <b>4/28/06</b> <b>727-567-3545</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					