
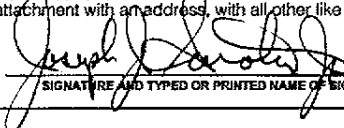


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # P93000085150 1. Entity Name JOSEPH J. SOROTA, JR., P.A.		
Principal Place of Business 28100 US HWY 19 NO SUITE 504 CLEARWATER, FL 33761 US		Mailing Address 28100 US HWY 19 N SUITE 504 CLEARWATER, FL 33761 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SOROTA, JOSEPH J JR 28100 US HWY 19 N, SUITE 504 CLEARWATER, FL 33761		DO NOT WRITE IN THIS SPACE
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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SOROTA, JOSEPH J 2201 PADDOCK CIRCLE DUNEDIN, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  Joseph J. Sorota Jr. 01/20/06 727-796-1557 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> President		



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3214181	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

110000395181
01/26/06-80039-025 150.00

**DO NOT WRITE
IN THIS SPACE**