

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90041 012 ***150.00

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DOCUMENT # P94000047608					
1. Entity Name VISCOMI & ASSOCS., INC.					
Principal Place of Business 299 W GRANADA BLVD, STE B ORMOND BEACH, FL 32174			Mailing Address 299 W GRANADA BLVD, STE B ORMOND BEACH, FL 32174		
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 59-3250206			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAWKINS, DONALD E 501 SO. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114			Name VISCOMI, VINCENT		
			Street Address (P.O. Box Number is Not Acceptable)		
			299 W GRANADA BLVD STE B		
			City ORMOND BEACH FL Zip Code 32174		
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: VINCENT VISCOMI 1/4/06 <small>Signature and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	PD	<input type="checkbox"/> Delete			
NAME	VISCOMI, VINCENT				
STREET ADDRESS	3 CROOKED TREE TRAIL				
CITY-ST-ZIP	ORMOND BEACH, FL 32174				
TITLE	STD	<input type="checkbox"/> Delete			
NAME	VISCOMI, ANNE				
STREET ADDRESS	3 CROOKED TREE TRAIL				
CITY-ST-ZIP	ORMOND BEACH, FL 32174				
TITLE	V	<input type="checkbox"/> Delete			
NAME	VISCOMI, ANTHONY				
STREET ADDRESS	299 W GRANADA BLVD, STE B				
CITY-ST-ZIP	ORMOND BEACH, FL 32174				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 of 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 an other like empowered.					
SIGNATURE: VINCENT VISCOMI 1/4/06 386-676-0105 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					