

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90079 019 ***158.75

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1. Entity Name

DANIEL J. TADDEO, P.A.



Principal Place of Business

1648 SE PSL BV
PSL FL 34952
US

Mailing Address

1648 SE PSL BV
PSL FL 34952
US



2. Principal Place of Business

1235A NW SUN TERR
Suite, Apt. #, etc.

3. Mailing Address

1235A NW SUN TERR
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PSL, FL

City & State

PSL, FL

4. FEI Number

65-0516884

Applied For

Not Applicable

Zip

34986 ST LUCIE

Zip

34986 ST LUCIE

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TADDEO, DANIEL J
1648 SE PSC BLVD.
PORT SAINT LUCIE FL 34952

7. Name and Address of New Registered Agent

DANIEL J TADDEO
1235A NW SUN TERRACE
PSL FL 34986

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: *Daniel J. Taddeo* DANIEL J. TADDEO 2-7-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TADDEO, DANIEL J
STREET ADDRESS 1648 SE PSL BL
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☐ Addition
NAME DANIEL J TADDEO
STREET ADDRESS 1235A NW SUN TERRACE
CITY-ST-ZIP PSL FL 34986

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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: *Daniel J. Taddeo* DANIEL J TADDEO 2-7-06 772 337-2390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #