


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000043553
1. Entity Name
ANDREW M. LAPORTE, INC.



Principal Place of Business Mailing Address
4327 HIGHWAY 27 SOUTH **4327 HIGHWAY 27 SOUTH**
#115 **#115**
CLERMONT, FL 34711 **CLERMONT, FL 34711**

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3321224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent
KASAVAGE, BILL
3223 LOWMEDES DR
WINTER PARK, FL 32793

**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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

U00000512414
04/29/06 80085-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPORTE, ANDREW M 4327 HIGHWAY 27 S #115 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPORTE, KRISTINE 4327 HIGHWAY 27 S #115 CLERMONT, FL 34711
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andrew M Laporte* **ANDREW M LAPORTE** 4/15/06 941-258-6062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #