

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P95000050575

1. Entity Name
1926 10TH AVENUE NORTH, INC.



Principal Place of Business
31 S.E HARBOR POINT DR.
STUART, FL 34996

Mailing Address
31 S.E HARBOR POINT DR.
STUART, FL 34996



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0598521

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORTELL, EDWIN E III
301E OCEAN BOULEVARD, SUITE 200
STUART, FL 34994

**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

Signature, typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARATTA, ROBERT O DR. 31 SE HARBOR POINT DRIVE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARATTA, SCOTT R 3484 SW FOREST HILLS COURT PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARATTA, GREGG P 3315 SW SUNSET TRACE CIRCLE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MORTELL, MELISSA A 21 SE HARBOR POINT DRIVE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARATTA, CAROL 31 SE HARBOR POINT DRIVE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/06-80016-009 150.00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert O. Baratta ROBERT O. BARATTA 4/10/06 772-285-0950