


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State


03-08-2006 90173 033 ***150.00

DOCUMENT # P95000079297 1. Entity Name THOMAS G. LACORTE, PS.M., P.A.	
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Principal Place of Business 1077 HEMINGWAY DR DELTONA, FL 32725	Mailing Address 1077 HEMINGWAY DR DELTONA, FL 32725
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DO NOT WRITE IN THIS SPACE

66006325



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3340974	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 LACORTE, THOMAS G 1077 HEMINGWAY DR DELTONA, FL 32725
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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: 	Thomas G. Lacorte	2/14/06 DATE
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)</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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LACORTE, THOMAS G 1077 HEMINGWAY DR DELTONA, FL 32725
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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: 	Thomas G. La Corte president 3/19/06 (386) 574-0664 Date Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	