


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

| | | | |
|---|-----------------------|---|--|
| DOCUMENT # P96000007260 | |  | |
| 1. Entity Name ANGELO P. MASTRORILLO, P.A. | | | |
| Principal Place of Business P O BOX 110114 NAPLES FL 34108 | | Mailing Address P O BOX 110114 NAPLES FL 34108 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MASTRORILLO, ANGELO 26888 MCLAUGHLIN BLVD BONITA SPGS FL 34134 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |
| 4. FEI Number 65-0639580 Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 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 | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | |
| 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 \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/> | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | MASTRORILLO, ANGELO | TITLE | U00000422406 |
| STREET ADDRESS | 26788 MCLAUGHLIN BLVD | NAME | 02/17/06 80014-014 150.00 |
| CITY-ST-ZIP | BONITA SPGS FL 34134 | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | TITLE | |
| STREET ADDRESS | | NAME | |
| CITY-ST-ZIP | | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | TITLE | |
| STREET ADDRESS | | NAME | |
| CITY-ST-ZIP | | STREET ADDRESS | |
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| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | TITLE | |
| STREET ADDRESS | | NAME | |
| CITY-ST-ZIP | | 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: *Angelo P. Mastroiillo* 2-3-06 239-498-0180