

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90213 006 ***150.00

60032921



03282006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3459561 Applied For Not Applicable

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

DOCUMENT # P96000029396

1. Entity Name
MEDITERRANEAN AND PACIFIC CO.

Principal Place of Business
4331 TIBURON DRIVE
NEW PORT RICHEY, FL 34655 US

Mailing Address
4331 TIBURON DRIVE
NEW PORT RICHEY, FL 34655 US

2. Principal Place of Business
8354 SHALLOW CREEK CT
Suite, Apt. #, etc.

3. Mailing Address
8354 SHALLOW CREEK CT
Suite, Apt. #, etc.

City & State
New Port Richey, FL

City & State
New Port Richey, FL

Zip
34653

Country
US

Zip
34653

Country
US

6. Name and Address of Current Registered Agent
STOYANOV, STOYAN
4331 TIBURON DRIVE
NEW PT. RICHEY, FL 34655

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
8354 SHALLOW CREEK CT
City
New Port Richey FL Zip Code
34653

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]* OWNER 04-22-06
Signature, typed or printed name of registered agent and title 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME STOYANOV, STOYAN		NAME	
STREET ADDRESS 4331 TIBURON DR		STREET ADDRESS 8354 SHALLOW CREEK CT	
CITY-ST-ZIP NEW PT. RICHEY, FL 34655		CITY-ST-ZIP New Port Richey, FL 34653	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]* OWNER 04-22-06
Signature and typed or printed name of signing officer or director Date Daytime Phone #