

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000057653</b>	
1. Entity Name ANNE F. BORGHETTI, P.A.	
Principal Place of Business 520 2ND AVE S ST PETERSBURG, FL 33701 US	Mailing Address 520 2ND AVE S ST PETERSBURG, FL 33701 US



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3388343	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**

BORGHETTI, ANNE F  
520 2ND AVE S  
ST PETERSBURG, FL 33701

**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 reinitiating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

DEPARTMENT OF AGRICULTURE  
AND CONSUMER SERVICES  
2006 JAN -9 AM 11:58  
DIVISION OF LICENSING  
RECEIVED-TALLAHASSEE

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BORGHETTI, ANNE F
STREET ADDRESS	520 2ND AVE S
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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01/12/06-80010-014 150.00

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: Anne F Borghetti, President 1/5/06 727-502-0300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #