

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000088453 1. Entity Name LAURIE A. GULLO, P.A.	
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Principal Place of Business 29259 US HIGHWAY 19 NORTH CLEARWATER, FL 33761	Mailing Address 29259 US HIGHWAY 19 NORTH CLEARWATER, FL 33761
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04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3438408	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WARD, R C
1253 PARK STREET
CLEARWATER, FL 34616**

**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 of person who is not a registered agent and did not submit this statement. Registered Agent signature required when reappointing. 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

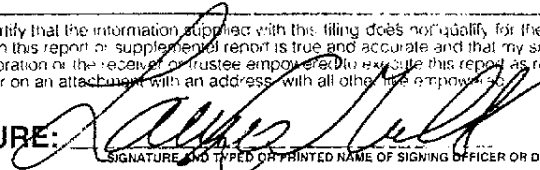
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PSTD GULLO, LAURIE A 29259 US HIGHWAY 19 NORTH CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY ST ZIP	VD GULLO, ROBERT K 4962 RIDGEMOOR BLVD PALM HARBOR, FL 34685
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**DO NOT WRITE
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 duly empowered persons.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____
Document Number #