

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000012439

1. Entity Name
ABSOLUTE F & D, INC.



Principal Place of Business

**6971 108TH AVE. N.
LARGO, FL 33777**

Mailing Address

**6971 108TH AVE. N.
LARGO, FL 33777**



04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3437251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CIPOLLA, FRANK
6971 108TH AVE. N.
LARGO, FL 33777**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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**

**000000435738
04/20/06-80017-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	CIPOLLA, FRANK
STREET ADDRESS	6971 108TH AVE. NORTH
CITY-ST-ZIP	LARGO, FL 33777
TITLE	STD
NAME	CIPOLLA, DIANE
STREET ADDRESS	6971 108TH AVE. N
CITY-ST-ZIP	LARGO, FL 33777
TITLE	VP
NAME	PATTEN, JANEEN
STREET ADDRESS	6971 108TH AVE. N
CITY-ST-ZIP	LARGO, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANEEN PATTEN

Date

Daytime Phone #

04-04-06 727-546-428