


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90014 005 \*\*\*150.00

<b>DOCUMENT # P97000031076</b>	
1. Entity Name <b>GUGINO ENTERPRISES, INC.</b>	

Principal Place of Business <b>7145 NORTH 9TH AVE A PENSACOLA, FL 32504</b>	Mailing Address <del>824 CREIGHTON ROAD</del> <del>PENSACOLA, FL 32504</del>
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2. Principal Place of Business	3. Mailing Address <b>7145 North 9th Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>A</b>

City & State <b>PENSACOLA, FL</b>	City & State <b>PENSACOLA, FL</b>
Zip <b>32504</b>	Country <b>USA</b>



02202006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>ROARK, DONALD A. 125 S. ALCANIZ ST. PENSACOLA, FL 32501</b>		7. Name and Address of New Registered Agent Name <b>JAMES J. GUGINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7145-A North 9th Avenue</b> City <b>PENSACOLA</b> FL Zip Code <b>32504</b>	
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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: James J. Gugino President (NOTE: Registered Agent signature required when reinstating) DATE: 2/20/06

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUGINO, JAMES J 7145-A NORTH 9TH AVE PENSACOLA, FL 32504</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUGINO, MARTHA J 7145-A NORTH 9TH AVE PENSACOLA, FL 32504</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James J. Gugino **JAMES J. GUGINO** 2-20-06 850-434-2664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #