
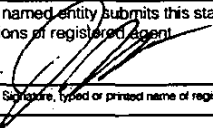
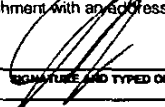


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90027 038 ***150.00

DOCUMENT # P97000042273 1. Entity Name DOMENICO ENTERPRISES OF PASCO INC.					
Principal Place of Business 5332 MAIN STREET NEW PORT RICHEY, FL 34652			Mailing Address P.O. BOX 501 PORT RICHEY, FL 34673 US		
2. Principal Place of Business 4401 N. Suncoast Blvd. #66		3. Mailing Address Suite, Apt. #, etc.			
City & State Crystal River, FL		City & State		4. FEI Number 59-3453934	
Zip 34428		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALLER, ROLAND D 5332 MAIN STREET NEW PORT RICHEY, FL 34652				7. Name and Address of New Registered Agent Name Russo, Thomas J. Street Address (P.O. Box Number is Not Acceptable) 4401 N. Suncoast Blvd. #66 City Crystal River FL Zip Code 34428	
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:  DATE: 2/22/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, THOMAS J 144 COMMERCIAL WAY SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Russo, Thomas J 4401 N. Suncoast Blvd. #66 Crystal River, FL 34428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Preusser, Rose Mary 4401 N. Suncoast Blvd. #66 Crystal River, FL 34428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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: 			Date: 2/22/06 (787) 848-4100 <small>Daytime Phone #</small>		