


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90013 026 \*\*\*150.00

<b>DOCUMENT # P97000068562</b> 1. Entity Name <b>FIANCHETTO CORPORATION</b>			
Principal Place of Business <b>511 11TH AVE. NORTH SAINT PETERSBURG, FL 33701</b>		Mailing Address <b>3000 66TH STREET N ST PETERSBURG, FL 33710</b>	
2. Principal Place of Business <b>7340 Gulf Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>7340 Gulf Blvd</b> Suite, Apt. #, etc.	
City & State <b>St. Pete Beach FL</b>		City & State <b>St. Pete Beach FL</b>	
Zip <b>33706</b>		Zip <b>33706</b>	
Country <b>Pinellas</b>		Country <b>PINELLAS</b>	
4. FEI Number <b>65-0775811</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BEARSON, JOSEPH M 2414 LAKE POINT LANE CLEARWATER, FL 33762</b>		7. Name and Address of New Registered Agent Name <b>BEARSON, JOSEPH M</b> Street Address (P.O. Box Number is Not Acceptable) <b>2617 Bayshore Blvd PH 3</b> City <b>Tampa</b>	
FL		Zip Code <b>33629</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PSD</b>	NAME <b>BEARSON, JOSEPH M</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2414 LAKE POINT LANE</b>	CITY-ST-ZIP <b>CLEARWATER, FL 33762</b>		
TITLE <b>TD</b>	NAME <b>POPOVICH, PAULA A</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7239 4TH AVE S</b>	CITY-ST-ZIP <b>ST PETERSBURG, FL 33707</b>		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Feb 22 06 727.430.3526</b> <small>Date Daytime Phone #</small>	