


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000087557</b> 1. Entity Name <b>ANDREW STINETTE, P.A.</b>	
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Principal Place of Business <b>597 MAIN STREET DUNEDIN, FL 34698 US</b>	Mailing Address <b>597 MAIN STREET DUNEDIN, FL 34698 US</b>
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**DO NOT WRITE IN THIS SPACE**



06022006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3476574</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STINETTE, ANDREW E  
597 MAIN STREET  
DUNEDIN, FL 34698**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000567018 06/12/06-80004-015 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINETTE, ANDREW E 597 MAIN STREET DUNEDIN, FL 34698
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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** *Andrew Stinnette* **ANDREW STINETTE** 6/6/06 727-733-4878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #