## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 14, 2006 08:00 AM DOCUMENT # P98000102307 **Secretary of State** 1. Entity Name JOE CANTO & COMPANY, INC. Principal Place of Business Mailing Address 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3547501 Not Applicat Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANTO, JOE Street Address (P.O. Box Number is Not Acceptable) 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706 Zip Code 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 types or printed name of registered agent and title if applicable INOTE: Registered Agent signature required when revisitating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS tt. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **DPST** ☐ Delete TITLE Change NAME CANTO, JOE NAME U00000467103 03/23/06-80038-805 150.00 STREET ADDRESS 7006 ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211-8706 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete 3135 5 CANTO, JOE NAME NAME STREET ADDRESS STREET ADDRESS 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706 CITY-ST-ZIP CTTY-ST-ZIP ☐ **-**.... TIELE. 🗔 Defett ISTS E Change STREET ADDRESS STREET ADDRESS City - \$1 - 7\P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Manining Manining NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C Anti-RILLE ☐ Delete THILE ☐ Change NAME STREET ADDRESS STREET ACCURESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change E Advin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this liling does not qualify for the exemptions contained in Section 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 truefee 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 Qher like empowered.

SIGNATURE: A HA

3-13-06

904-268-0345

**FILED**