
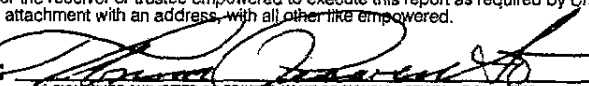


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000010819 1. Entity Name TOM PESAVENTO, INC.		
Principal Place of Business 2692 SW SUNNYFIELD TRAIL PALM CITY, FL 34990	Mailing Address 2692 SW SUNNYFIELD TRAIL PALM CITY, FL 34990	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PESAVENTO, THOMAS V 2692 SW SUNNYFIELD TRAIL PALM CITY, FL 34990		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%;"></div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	PESAVENTO, THOMAS V	
STREET ADDRESS	2692 SW SUNNYFIELD TRAIL	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<div style="display: flex; justify-content: space-between;"> <div> 4/19/06 <small>Date</small> </div> <div> 772-475-3919 <small>Daytime Phone #</small> </div> </div>		



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0892481	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000531243
05/06/06-80029-018 150.00