


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90241 025 ***150.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # P99000028859 | | | |  | |
| 1. Entity Name CICCARONE & CICCARONE, INC. | | | | | |
| Principal Place of Business 3467 GILLOT BLVD PT. CHARLOTTE, FL 33981 | | | Mailing Address 3467 GILLOT BLVD PT. CHARLOTTE, FL 33981 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0908389 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HANEWINCKEL, DEAN P.A. SEATOAN VILLAGE, STE 110 2800 PLACIDA ROAD ENGLEWOOD, FL 34224 | | | Name DEAN HANEWINCKEL, P.A. Street Address (P.O. Box Number is Not Acceptable) 2650 SOUTH MC CALL ROAD City ENGLEWOOD FL Zip Code 34224 | | |
| 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 _____ | | | | | |
| 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 | DVPT CICCARONE, CHRISTOPHER G <input type="checkbox"/> Delete 3467 GILLOT BLVD PT. CHARLOTTE, FL 33981 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ciccarone, Christopher G. 3467 Gillot Blvd. Port Charlotte, FL 33981 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input checked="" type="checkbox"/> Delete CICCARONE, DONALD M 2402 PAPPAS TERR PT. CHARLOTTE, FL 33981 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input checked="" type="checkbox"/> Delete CICCARONE, CONNIE M 3467 GILLOT BLVD PORT CHARLOTTE, FL 33981 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ciccarone, Connie M. 3467 Gillot Blvd. Port Charlotte, FL 33981 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: <u>Connie M. Ciccarone</u> <u>April 25, 2006</u> <u>941-697-7980</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT
40090176
79900002855
LAW OFFICES OF
DEAN HANEWINCKEL, P.A.

(941) 473-2828
FAX (941) 473-2868
INFO@DEAN-LAW.COM

2650 SOUTH MCCALL ROAD
ENGLEWOOD, FLORIDA 34224

April 25, 2006

Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314

Re: Ciccarone & Ciccarone, Inc.

Dear Sir/Madam:

Enclosed please find the original 2006 For Profit Corporation Annual Report on behalf of Ciccarone & Ciccarone, Inc., together with my check in the amount of \$150.00 representing the filing fee.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Dean Hanewinckel

DH/dl
Enclosures