


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P99000034282</b><br>1. Entity Name<br><b>JANICE SCINTO DIROSE, P.A.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>321 MEADOW BROOK COURT<br/>OLDSMAR, FL 34677</b> | Mailing Address<br><b>321 MEADOW BROOK COURT<br/>OLDSMAR, FL 34677</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



04282006 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0911506</b>  | Applied For<br><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**

**DIROSE, JANICE S  
321 MEADOW BROOK CT  
OLDSMAR, FL 34677**

**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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                            |
|----------------|----------------------------|
| TITLE          | <b>DPST</b>                |
| NAME           | <b>DIROSE, JANICE S</b>    |
| STREET ADDRESS | <b>321 MEADOW BROOK CT</b> |
| CITY-ST-ZIP    | <b>OLDSMAR, FL 34677</b>   |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

080000544511  
05/11/06 80039-012 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Janice S. DiRose, President*

**4/28/06 P13 220-7939**