


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90339 017 ***150.00

DOCUMENT # P99000040908

1. Entity Name
DEL VECCHIO & ASSOCIATES, P.A.



Principal Place of Business Mailing Address
360 CENTRAL AVE., SUITE 1490 **360 CENTRAL AVE., SUITE 1490**
ST. PETERSBURG, FL 33701 **ST. PETERSBURG, FL 33701**

2. Principal Place of Business 3. Mailing Address
111 2nd Ave NE **111 2nd Ave NE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1403 **# 1403**

City & State City & State
St Petersburg, FL **St Petersburg, FL**
 Zip Country Zip Country
33701 **USA** **33701** **USA**

04222006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3604431 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

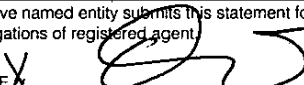


6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

DELVECCHIO, DAVID L ESQ
360 CENTRAL AVE., SUITE 1490
ST. PETERSBURG, FL 33701

Name: **Del Vecchio, David L**
 Street Address (P.O. Box Number is Not Acceptable): **111 2nd Ave NE, Ste 1403**
 City: **St Petersburg** FL Zip Code: **33701**

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:  DATE: **4-26-06**

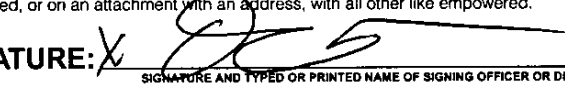
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DEL VECCHIO, DAVID L 360 CENTRAL AVE., SUITE 1490 ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Del Vecchio, David L 111 2nd Ave NE, Ste 1403 St Petersburg FL 33701 <input checked="" 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
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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:  DATE: **4-26-06** DAYTIME PHONE #: **727-896-6210**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #