

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90227 013 \*\*\*150.00

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04222006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P99000053205</b>					
1. Entity Name CONCISE COURT REPORTING, INC.					
Principal Place of Business 6554 NW 45TH WAY COCONUT CREEK, FL 33073			Mailing Address 6554 NW 45TH WAY COCONUT CREEK, FL 33073		
2. Principal Place of Business 9394 SAVANNAH ESTATES DR.		3. Mailing Address 9394 SAVANNAH ESTATES DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL		4. FEI Number 65-0931822	
Zip 33467		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GUADAGNO, SANDRA M 6554 NW 45TH WAY COCONUT CREEK, FL 33073			7. Name and Address of New Registered Agent Name SANDRA M GUADAGNO Street Address (P.O. Box Number Is Not Acceptable) 9394 SAVANNAH ESTATES DR. City LAKE WORTH FL Zip Code 33467		
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: <i>Sandra M. Guadagno</i> DATE: <i>4-28-06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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	DPST GUADAGNO, SANDRA M 4165 NW 6TH ST DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST SANDRA M. GUADAGNO 9394 SAVANNAH ESTATES DR. LAKE WORTH, FL 33467	<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	DVP MICHAEL A GUADAGNO 9394 SAVANNAH ESTATES DR. LAKE WORTH, FL 33467	<input type="checkbox"/> Change <input checked="" 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
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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: <i>Sandra M. Guadagno</i>			Date: <i>4-28-06</i> Daytime Phone: <i>954-242-6287</i>		