

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90069 050 \*\*\*150.00

**DOCUMENT # S13077**

1. Entity Name  
**DULCIE AND COMPANY, INC.**



Principal Place of Business  
**19 BERWICK ROAD  
PALM BEACH GARDENS, FL 33418**

Mailing Address  
**19 BERWICK RD  
PALM BEACH GARDENS, FL 33418 US**

40046431



2. Principal Place of Business  
**1049 S.W. BILTMORE ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**1049 S.W. BILTMORE ST**  
Suite, Apt. #, etc.

02082006 Chg-P CR2E034 (11/05)

City & State  
**PORT ST. LUCIE, FL**  
Zip  
**34983**  
Country  
**U.S.A.**

City & State  
**PORT ST. LUCIE, FL**  
Zip  
**34983**  
Country  
**U.S.A.**

4. FEI Number  
**65-0230322**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DULCIE, ANDREW  
19 BERWICK RD  
PALM BEACH GARDENS, FL 33418**

**7. Name and Address of New Registered Agent**

Name  
**DULCIE, ANDREW**  
Street Address (P.O. Box Number is Not Acceptable)  
**1049 S.W. BILTMORE ST.**  
City  
**PORT ST. LUCIE FL** Zip Code  
**34983**

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 **ANDREW DULCIE Andrew Dulcie** **4-8-06**  
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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS DULCIE, ANDREW 19 BERWICK RD PALM BCH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT DULCIE, STEVEN 19 BERWICK RD PALM BCH. GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President DULCIE, ANDREW 1049 S.W. BILTMORE ST. PORT ST. LUCIE, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT Dulcie Steven 1049 S.W. BILTMORE ST PORT ST. LUCIE, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary MARIA PIKUSA 1049 S.W. BILTMORE ST. PORT ST. LUCIE, FL 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 **Andrew Dulcie** **ANDREW DULCIE** **2/8/06** **772-621-3992**  
**4/8/06**