


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # S97082
 1. Entity Name
C. IAVARONE, INC.



Principal Place of Business
**3617 HUMPHREY STREET
 TAMPA, FL 33614**

Mailing Address
**PO BOX 272068
 TAMPA, FL 33688-2068 US**

DO NOT WRITE IN THIS SPACE



01222006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3095823 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LAWRENCE E FUENTES
 1407 W BUSCH BLVD
 SUITE 500
 TAMPA, FL 33612**

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

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	P IAVARONE, CARMINE J 4828 WESTFORD CIRCLE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IAVARONE, RICO 11009 CARROLL WOOD DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IAVARONE, BARBARA 4828 WESTFORD CIRCLE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IAVARONE, CARMINE J. JR 3115 SAMARA DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/02/06-80007-010 150.00

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: *Carmine J. Iavarone* **1/23/06** **813-932-5241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #