


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # S97313
 1. Entity Name
LONETTI INC.



Principal Place of Business Mailing Address
100 CARRIGAN AVE **100 CARRIGAN AVE**
OVIEDO, FL 32765 **OVIEDO, FL 32765**

DO NOT WRITE IN THIS SPACE



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3096463 Not Applicable

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

6. Name and Address of Current Registered Agent
LONETTI, LUIGI
100 CARRIGAN AVENUE
OVIEDO, FL 32765

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

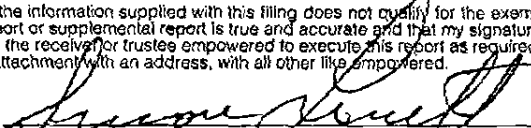
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LONETTI, LUIGI
STREET ADDRESS	100 CARRIGAN AVE
CITY-ST-ZIP	OVIEDO, FL
TITLE	TD
NAME	LONETTI, SUSAN
STREET ADDRESS	100 CARRIGAN AVE
CITY-ST-ZIP	OVIEDO, FL
TITLE	V
NAME	LONETTI, FORTUNATO
STREET ADDRESS	100 CARRIGAN AVE
CITY-ST-ZIP	OVIEDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000546076
 05/11/06-80098-024 150.00

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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:  4-23-06 407-36547

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