

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90001 025 ***150.00



DOCUMENT # F00000005445

1. Entity Name
MAZZETTI & ASSOCIATES, INC.

Principal Place of Business
**530 BUSH STREET, SUITE 300
 SAN FRANCISCO, CA 94108**

Mailing Address
**530 BUSH STREET, SUITE 300
 SAN FRANCISCO, CA 94108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072004

Chg-P

CR2E034 (10/03)

4. FEI Number
94-1722463

Applied For

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

**HAMILTON, WAYNE
 3001 ST. AUGUSTINE ROAD
 JACKSONVILLE, FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PC** Delete
 NAME: **MAZZETTI, WILLIAM P PE**
 STREET ADDRESS: **530 BUSH STREET, SUITE 300**
 CITY-ST-ZIP: **SAN FRANCISCO, CA 94108**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **VPVC** Delete
 NAME: **VERNON, WALTER N PE**
 STREET ADDRESS: **530 BUSH STREET, SUITE 300**
 CITY-ST-ZIP: **SAN FRANCISCO, CA 94108**

TITLE: **President** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **SD** Delete
 NAME: **PAPPAS, JOHN M PE**
 STREET ADDRESS: **530 BUSH STREET, SUITE 300**
 CITY-ST-ZIP: **SAN FRANCISCO, CA 94108**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **TD** Delete
 NAME: **OSTROY, ALBERT**
 STREET ADDRESS: **530 BUSH STREET, SUITE 300**
 CITY-ST-ZIP: **SAN FRANCISCO, CA 94108**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Walt Vernon**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-07-2004 **415 362.3266**
 Date Daytime Phone #