


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000052574**

1. Entity Name  
**IZZYMAC, INC.**



Principal Place of Business      Mailing Address

**1793 DOOLEY AVE**      **1793 DOOLEY AVE**  
**NORTH PORT FL 34288**      **NORTH PORT FL 34288**

2. Principal Place of Business      3. Mailing Address

~~1793~~ **1793 Dooley Ave.**      **1793 Dooley Ave**


Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**North Port FL**      **North Port FL**

Zip      Country      Zip      Country

**34288**      **USA**      **34288**      **USA**



1st MOORE      CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**SAGE, ADAM**  
**5777 BENEVA RD S**  
**SARASOTA FL 34233**

4. FEI Number      Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OWEN, BRAD	
STREET ADDRESS	1793 DOOLEY AVE	
CITY-ST-ZIP	NORTH PORT FL 34288	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWEN, JAIME	
STREET ADDRESS	1793 DOOLEY AVE	
CITY-ST-ZIP	NORTH PORT FL 34288	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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06/15/06-80002-003 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Bradley L. Owen**      **6/13/2006**

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