


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90025 031 ***150.00

| | | | |
|--|-----------------------------------|--|---|
| DOCUMENT # P07000020146 | |  | |
| 1. Entity Name IZZO REPORTING, INC. | | | |
| Principal Place of Business 7211 N. GALLERY LANE CRYSTAL RIVER, FL 34428 | | Mailing Address 7211 N. GALLERY LANE CRYSTAL RIVER, FL 34428 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address P.O. BOX 987 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Lecanto, FL | |
| Zip | Country | Zip | Country |
| | | 34460 | USA |
| 4. FEI Number 64-0958395 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRADSHAW, R. WESLEY 209 COURTHOUSE SQ. INVERNESS, FL 34450 | | 7. Name and Address of New Registered Agent Name: Kimberly Izzo Colitz Street Address (P.O. Box Number is Not Acceptable): 11698 West Dunnellon Road City: Crystal River, FL Zip Code: 34428 | |
| 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: <i>Kimberly Izzo Colitz</i> | | DATE: 4-14-08 | |
| Signature, typed or printed name of registered agent, or both, if applicable | | NOTE: Registered Agent signature required when reinstating | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLITZ, KIMBERLY I | NAME | |
| STREET ADDRESS | P. O. BOX 987 | STREET ADDRESS | |
| CITY-ST-ZIP | LECANTO, FL 34460 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLITZ, ED | NAME | |
| STREET ADDRESS | P. O. BOX 987 | STREET ADDRESS | |
| CITY-ST-ZIP | LECANTO, FL 34460 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 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: <i>Kimberly Izzo Colitz</i> | | DATE: 4-14-08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| | | Daytime Phone #: 352-563-5282 | |