

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000020146

**Entity Name:** IZZO REPORTING, INC.

**Current Principal Place of Business:**

11698 W. DUNNELLON ROAD  
CRYSTAL RIVER, FL 34428

**Current Mailing Address:**

PO BOX 987  
LECANTO, FL 34460

**FEI Number:** 64-0958395

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

IZZO COLITZ, KIMBERLY  
11698 W DUNNELLON RD  
CRYSTAL RIVER, FL 34428 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            D  
Name            COLITZ, KIMBERLY I  
Address        P. O. BOX 987  
City-State-Zip: LECANTO FL 34460

Title            D  
Name            COLITZ, ED  
Address        P. O. BOX 987  
City-State-Zip: LECANTO FL 34460

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIMBERLY IZZO COLITZ

**PRESIDENT**

**04/28/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date