

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 173702

Entity Name: KUZZEN'S, INC.

FILED
Jan 30, 2007
Secretary of State

Current Principal Place of Business:

315 E NEW MARKET RD
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3088
IMMOKALEE, FL 34143 US

New Mailing Address:

FEI Number: 59-0709966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISINGER, SHERYL A
315 E. NEW MARKET ROAD
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901 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: GUY E. WHITESMAN

01/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: WEISINGER, SHERYL A
Address: 315 E. NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142

Title: V () Delete
Name: DESSAK, PETER
Address: 315 E. NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142

Title: V () Delete
Name: PRESS, MAX
Address: 315 E. NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WEISINGER, SHERYL A
Address: 315 E. NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: WEISINGER, JAIME
Address: 315 EAST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142 US

Title: VST () Change (X) Addition
Name: PURSE, TOBY K
Address: 315 EAST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOBY K. PURSE

V

01/30/2007

Electronic Signature of Signing Officer or Director

Date