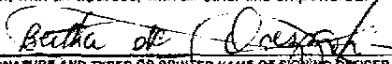


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT #330542 1. Entity Name LOUIS O. OREZZOLI, P.A.		
Principal Place of Business 771 BRIARWOOD DRIVE DAYTONA BCH, FL 32114		Mailing Address 771 BRIARWOOD DRIVE DAYTONA BCH, FL 32114
DO NOT WRITE IN THIS SPACE		 02102004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1296526 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent OREZZOLI, LOUIS O 771 BRIARWOOD DRIVE DAYTONA BEACH, FL 32114		DO NOT WRITE IN THIS SPACE
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 re-instating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees U000000159790 05/11/04-80002-017 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	OREZZOLI, LOUIS O	
STREET ADDRESS	771 BRIARWOOD DR	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-30-04 Date Daytime Phone #