2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 09, 2008 8:00 am
Secretary of State
05-15-2008 90031 040 ***150.00

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DOCUMENT # 330542

1. Entity Name
LOUIS O. OREZZOLI, P.A.

Principal Place of Business	Mailing Address
515 HEALTH BLVD DAYTONA BEACH, FL 32114-193	515 HEALTH BLVD DAYTONA BEACH, FL 32114-193

DO NOT WRITE IN THIS SPACE

01292008 No Chg-P CR2E034 (11/05)

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
515 HEALTH BLVD
DAYTONA BEACH, FL 32114-1493

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: _____ 4-25-08
Signature, typed or printed name of individual & title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OREZZOLI, LOUIS O
STREET ADDRESS	515 HEALTH BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 321141493
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 6-2-08 (386)255-7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #