

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90014 049 ***150.00

DOCUMENT # 409929

1. Entity Name
STRAZZULLA BROS. CO., INC.



Principal Place of Business
14800 INBRID RD *INCORRECT SPELLING*
FORT PIERCE, FL 34945

Mailing Address
P.O. BOX 3152
FT. PIERCE, FL 34948-3152

40000702



2. Principal Place of Business
14800 INDRIO RD

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
FORT PIERCE FL

City & State

Zip
34945

Country

Zip

Country

01062005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1433096

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STRAZZULLA, JOSEPH P
14800 INDRIO RD.
FT. PIERCE, FL 34945

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **SDT** ☐ Delete
NAME **STRAZZULLA, JOHN F**
STREET ADDRESS **4715 PEBBLE BAY CIR**
CITY-ST-ZIP **VERO BCH, FL 00000,**

TITLE **PD** ☐ Delete
NAME **STRAZZULLA, JOSEPH P**
STREET ADDRESS **2076 CAVALLA**
CITY-ST-ZIP **VERO BEACH, FL**

TITLE **DV** ☐ Delete
NAME **STRAZZULLA, PHILLIP**
STREET ADDRESS **4102 SABLA PALM DR**
CITY-ST-ZIP **VERO BCH, FL 00000,**

TITLE **D** ☐ Delete
NAME **ROCKEFELLER, REGINA**
STREET ADDRESS **41 BASKIN RD.**
CITY-ST-ZIP **LEXINGTON, MA**

TITLE **D** ☐ Delete
NAME **STRAZZULLA, JANET**
STREET ADDRESS **#1 SPINNAKER PLACE**
CITY-ST-ZIP **REDWOOD SHORES, CA**

TITLE **VP** ☐ Delete
NAME **STRAZZULLA, FRANK J**
STREET ADDRESS **4504 REDWOOD DR**
CITY-ST-ZIP **FT. PIERCE, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

Joseph P. Strazzulla **PRES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 6, 2005 **772 4615-200**
Date Daytime Phone #