2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# 409929

Entity Name: STRAZZULLA BROS. CO., INC.

Current Principal Place of Business:

14800 INDRIO RD
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3152
FT. PIERCE, FL 349483152

New Mailing Address:

FEI Number: 59-1433096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	SDT	( ) Delete
Name:	STRAZZULLA, JOHN F,	
Address:	4715 PEBBLE BAY CIR	
City-St-Zip:	VERO BCH, FL 00000,	
Title:	PD	( ) Delete
Name:	STRAZZULLA, JOSEPH P,	
Address:	2076 CAVALLA	
City-St-Zip:	VERO BEACH, FL	
Title:	DV	( ) Delete
Name:	STRAZZULLA, PHILLIP,	
Address:	4102 SABLA PALM DR	
City-St-Zip:	VERO BCH, FL 00000,	
Title:	D	( ) Delete
Name:	ROCKEFELLER, REGINA,	
Address:	41 BASKIN RD.	
City-St-Zip:	LEXINGTON, MA	
Title:	D	( ) Delete
Name:	STRAZZULLA, JANET,	
Address:	#1 SPINNAKER PLACE	
City-St-Zip:	REDWOOD SHORES, CA	
Title:	VP	( ) Delete
Name:	STRAZZULLA, FRANK J	
Address:	4504 REDWOOD DR	
City-St-Zip:	FT. PIERCE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOSEPH P STRAZZULLA PRES 04/09/2007

Electronic Signature of Signing Officer or Director — Date