

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 409929

FILED  
May 01, 2009  
Secretary of State

Entity Name: STRAZZULLA BROS. CO., INC.

## Current Principal Place of Business:

14800 INDRIOD 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 INDRIOD 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 7655 POLO SQUARE  
City-St-Zip: VERO BEACH, FL 32968 US

Title: D ( ) Delete  
Name: ROCKEFELLER, REGINA  
Address: 41 BASKIN RD.  
City-St-Zip: LEXINGTON, MA 02173 US

Title: VP ( ) Delete  
Name: STRAZZULLA, FRANK J  
Address: 1910 CUTLASS COVE  
City-St-Zip: VERO BEACH, FL 32963

## 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:

I hereby certify that the information supplied with this filing does not qualify 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 STRAZZULLA

SDT

05/01/2009

Electronic Signature of Signing Officer or Director

Date