


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90028 024 ***150.00

DOCUMENT # F06000000183 1. Entity Name NOZZLES, INC.					
Principal Place of Business 149 GRASSY PLAIN STREET SUITE B5 BETHEL, CT 06801			Mailing Address 149 GRASSY PLAIN STREET SUITE B5 BETHEL, CT 06801		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1472 Suite, Apt. #, etc.			
City & State Zip Country		City & State ZEPHYRHILLS, FL Zip Country 33539 U.S.A.		4. FEI Number 06-1048449	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent RIPLEY, BRIAN L 11635 VALLEY ROAD DADE CITY, FL 33535			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required when relinquishing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIPLEY, BRIAN 11635 VALLEY ROAD DADE CITY, FL 33535	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Ripley, Brian 11635 Valley Rd. Dade City, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIPLEY, DANNY D 44 CALENDAR HOUSE ROAD ELIZAVILLE, NY 12523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Ripley, Danny 8112 Avalon Valley Dr. Danbury, CT 06810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIPLEY, RAQUEL 11635 VALLEY ROAD DADE CITY, FL 33535	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Ripley, Scott 80 Highland Ave. Elizaville, NY 12523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ripley, Raquel E. 11635 Valley Rd Dade City, FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ripley, Raquel E. 11635 Valley Rd Dade City, FL 33525	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ripley, Raquel E. 11635 Valley Rd Dade City, FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ripley, Raquel E. 11635 Valley Rd Dade City, FL 33525	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Raquel E. Ripley</u> RAQUEL E. RIPLEY 2-1-08 800-348-7494 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					