2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90298 040 ***150.00

DOCUMENT # G81289

1. Entity Name
SCALZO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1431 FRIAR TUCK LANE SPRING HILL, FL 34607 US	1431 FRIAR TUCK LANE SPRING HILL, FL 34607 US

04132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	6301 MISTY TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TEMPLE TERRACE FL
Zip / Country	Zip: 33617 / Country

4. FEI Number: 59-2403873 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCALZO, PHILLIP B.
5083 FOREST GLENN DRIVE
SPRING HILL, FL 34607

7. Name and Address of New Registered Agent

Name: PETER R. SCALZO
Street Address (P.O. Box Number is Not Acceptable): 6301 MISTY TERRACE
City: TEMPLE TERRACE FL Zip Code: 33617

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] PETER R. SCALZO V. PRESIDENT 4/13/05
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCALZO, PHILLIP B. 5083 FOREST GLENN DR SPRINGHILL, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6305 MISTY TERRACE TEMPLE TERRACE FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SCALZO, PETER R. 5095 BUCCANEER BLVD SPRINGHILL, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6301 MISTY TERRACE TEMPLE TERRACE FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] PETER R. SCALZO 4/13/05 352-608-6969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #