


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H93468**  
 1. Entity Name  
**REMIZZO INC.**



Principal Place of Business 3730 BELLE VISTA DR. S. ST. PETERSBURG, FL 33706 US	Mailing Address 3730 BELLE VISTA DR. S. ST. PETERSBURG, FL 33706 US
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04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2634733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CHOULS, JOANNA  
 6032 3RD AVE N.  
 SAINT PETERSBURG, FL 33710

**DO NOT WRITE IN THIS SPACE**

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 Joanna Chouls DATE 04/23/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHOVLS, RAZA 3730 BELLE VISTA DR. S. SAINT PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHOULS, JOANNA 6032 3RD AVE N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHOULS, GILLIAN 3730 BELLE VISTA DR. S. SAINT PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/03/04-80132-015 150.00

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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: Joanna Chouls DATE 04/23/04 (727)367-1603x12  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #