

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90279 045 \*\*\*150.00

<b>DOCUMENT # J54817</b> 1. Entity Name <b>WITS END I CORPORATION</b>			
Principal Place of Business <b>13600 GULF BLVD MADERIA BEACH, FL 33708</b>		Mailing Address <b>13600 GULF BLVD MADERIA BEACH, FL 33708</b>	
2. Principal Place of Business <b>P.O. Box 86597</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 86597</b> Suite, Apt. #, etc.	
City & State <b>Madeira Beach FL</b> Zip <b>33738</b>		City & State <b>Madeira Beach FL</b> Zip <b>33738</b>	
4. FEI Number <b>59-3033030</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NARDOZZI, DARREN 13600 GULF BLVD MADERIA BEACH, FL 33708</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5703 Oakley Blvd</b> City <b>Wesley Chapel FL</b> Zip <b>33543</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NARDOZZI, WILLIAM J. 13600 GULF BLVD MADERIA BEACH, FL 33708	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NARDOZZI, DOROTHY J. 13600 GULF BLVD MADERIA BEACH, FL 33708	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NARDOZZI DARREN K 13600 GULF BLVD MADEIRA BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NARDOZZI DARREN K 13600 GULF BLVD MADEIRA BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NARDOZZI DARREN K 13600 GULF BLVD MADEIRA BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NARDOZZI DARREN K 13600 GULF BLVD MADEIRA BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Darren Nardozzi</u> <b>Darren Nardozzi</b> Date: <u>4/24/05</u> Daytime Phone #: <u>813-973-1665</u>			