2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # M91792 1. Entity Name 03-02-2005 90090 020 ***150.00 MAZZELLA SERVICES, INC. Principal Place of Business Mailing Address 102 PRINCETON CT ROYAL PALM BEACH FL 33411 102 PRINCETON CT **ROYAL PALM BEACH FL 33411** 2. Principal Place of Business 3. Mailing Address 12768 Spinnatier Lane 12768 Spinnaker Lane CR2E034 (10/04) Wellington <u>wellington</u> 4. FEI Number Applied For 65-0076829 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAZZELLA, GREGORY Street Address (P.O. Box Number is Not Acceptable) 102 PRINCETON CT **ROYAL PALM BCH FL 33411** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE Delete TITLE Change MAZZELLA, GREGORY NAME NAME Gresony Mazzella 102 PRINCETON CT STREET ADDRESS STREET ADDRESS 12768 SPINNaker Lan ROYAL PALM BCH FL CITY-ST-7IP CITY-ST-7IP Wellington TITLE TITLE ☐ Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NING OFFICER OR DIRECTOR

FILED

Mar 02, 2005 8:00 am