

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000082968

Entity Name: FAZIO PROPERTIES, INC.

FILED  
Mar 21, 2005  
Secretary of State

**Current Principal Place of Business:**

633 S. ANDREWS AVENUE  
SUITE 500  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

633 S. ANDREWS AVENUE  
SUITE 500  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:****New Mailing Address:**

FEI Number: 65-1059155      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOODCHILD, QUINN F  
633 S. ANDREWS AVENUE  
SUITE 500  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GOODCHILD, QUINN  
Address: 633 S. ANDREWS AVE 5TH FL  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: V ( ) Delete  
Name: FAZIO, D. FREDRICO  
Address: 633 S. ANDREWS AVE, 5TH FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S ( ) Delete  
Name: GOODCHILD, G. BRADLEY II  
Address: 633 S. ANDREWS AVE, 5TH FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: QUINN F. GOODCHILD

P

03/21/2005

Electronic Signature of Signing Officer or Director

Date