

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000116776

FILED
Dec 14, 2007
Secretary of State**Entity Name:** EZON, INC.**Current Principal Place of Business:**1100 FIFTH AVENUE SOUTH
SUITE 210
NAPLES, FL 34102 US**New Principal Place of Business:****Current Mailing Address:**1100 FIFTH AVENUE SOUTH
SUITE 210
NAPLES, FL 34102 US**New Mailing Address:****FEI Number:** 62-0933375 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ITTNER, GARY
1100 FIFTH AVENUE SOUTH
SUITE 210
NAPLES, FL 34102 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**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: GOMEZ, BRUCE J
Address: 1100 FIFTH AVENUE SOUTH, STE 210
City-St-Zip: NAPLES, FL 34102 US**Title:** C () Delete
Name: GOMEZ, OSCAR J
Address: 1100 FIFTH AVENUE SOUTH, STE 210
City-St-Zip: NAPLES, FL 34102 US**Title:** V () Delete
Name: TACKETT, JACK O
Address: 1100 FIFTH AVENUE SOUTH, STE 210
City-St-Zip: NAPLES, FL 34102 US**Title:** ST () Delete
Name: ITTNER, GARY E
Address: 1100 FIFTH AVENUE SOUTH, SUITE 210
City-St-Zip: NAPLES, FL 34102 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** AS (X) Change () Addition
Name: COOK, DEBORAH M
Address: 1100 FIFTH AVENUE SOUTH, STE 210
City-St-Zip: NAPLES, FL 34102 US**Title:** VST (X) Change () Addition
Name: ITTNER, GARY E
Address: 1100 FIFTH AVENUE SOUTH, SUITE 210
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GARY E ITTNER

VST

12/14/2007

Electronic Signature of Signing Officer or Director_____
Date