


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90062 006 ***150.00

DOCUMENT # P01000001257 1. Entity Name S & C GAZZARA INC																																							
Principal Place of Business 112 ANGLE ROAD FORT PIERCE, FL 34947		Mailing Address 2585 12TH ST. VERO BEACH, FL 32960-3910																																					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 6990 12th St Suite, Apt. #, etc.																																					
City & State Zip Country		City & State Vero Beach, FL Zip Country 32966																																					
4. FEI Number 59-3687874		Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent GAZZARA, CECILIA P 2585 12TH ST. VERO BEACH, FL 32960-3910		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6990 12th St. City Vero Beach FL Zip Code 32966																																					
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 <u>Cecilia Gazzara</u> DATE _____ <small>Signature, typed or printed name of registered agent and filer, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">D GAZZARA, CECILIA P 2585 12TH ST. VERO BEACH, FL 329603910</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D GAZZARA, SEBASTIANO 2585 12TH ST. VERO BEACH, FL 329603910</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE	D GAZZARA, CECILIA P 2585 12TH ST. VERO BEACH, FL 329603910	<input type="checkbox"/> Delete	TITLE	D GAZZARA, SEBASTIANO 2585 12TH ST. VERO BEACH, FL 329603910	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GAZZARA, CECILIA P 2585 12TH ST. VERO BEACH, FL 329603910	<input type="checkbox"/> Delete																																					
TITLE	D GAZZARA, SEBASTIANO 2585 12TH ST. VERO BEACH, FL 329603910	<input type="checkbox"/> Delete																																					
TITLE		<input type="checkbox"/> Delete																																					
TITLE		<input type="checkbox"/> Delete																																					
TITLE		<input type="checkbox"/> Delete																																					
TITLE		<input type="checkbox"/> Delete																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Cecilia Gazzara</u> 4/1/07 (772) 633-1576 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																							