

FILED
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Secretary of State

04-26-2004 90571 027 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P0100023360

1. Entity Name
 EZZ HOSTING, INC.



Principal Place of Business Mailing Address

4700 MILLENIA BOULEVARD
 SUITE 175
 ORLANDO, FL 32839

24055524



D4152004 No Chg-F CR2E004 (10/03)

DO NOT WRITE IN THIS SPACE

4. FTS Number 59-3710526 Applied For
 No Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

5. Name and Address of Current Registered Agent:

CAMMARATA, MARCIA C
 2062 ASKOLA POINT 4700 Millenia Boulevard
 LONGWOOD, FL 32770 Suite 175
 Orlando, FL 32839

DO NOT WRITE IN THIS SPACE

8. The above named entity certifies 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 so certify, the obligations of registered agent.

SIGNATURE

Signature of Registered Agent must be in presence

NOTES: Registered Agent signature required for incorporation

Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

6. Election Campaign Reporting
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

16. OFFICERS AND DIRECTORS

NAME	DS
NAME	CAMMARATA, MARCIA C
STREET ADDRESS	2062 ASKOLA POINT 4700 Millenia Blvd.
CITY, ST, ZIP	LONGWOOD, FL 32770 Suite 175 Orlando, FL 32839
NAME	DP
NAME	CAMMARATA, BERNARD
STREET ADDRESS	2062 ASKOLA POINT 4700 Millenia Blvd.
CITY, ST, ZIP	LONGWOOD, FL 32770 Suite 175 Orlando, FL 32839
NAME	CEO
NAME	CAMMARATA, BERNARD
STREET ADDRESS	2062 ASKOLA POINT
CITY, ST, ZIP	LONGWOOD, FL 32770
NAME	PBD
NAME	Cammarata, Michael T.
STREET ADDRESS	4700 Millenia Boulevard, Suite 175
CITY, ST, ZIP	Orlando, FL 32839
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing complies with the requirements shown in Section 119.07, Florida Statutes, and that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made (print name) 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 in an affidavit with an address, with all other filers empowered.

SIGNATURE:

BERNARD CAMMARATA, PRESIDENT