2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P01000027434					No.	Feb 04, 2004 08:00 AM			
1. Entity Name						Secretary o	f State		
MUZBEES, INC.					9				
Principal Place of Business Mailing Address				·	7				
16910 SWEETWATER RD DADE CITY FL 33523		16910 SWEETWATER RD DADE CITY FL 33523							
				:	_				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc		Suite, Apt. #, etc			MOORE CR2E034 (11/03)				
City & State		City & State		4. 1	FEI Number 59-3710680	<del></del> :	oplied For or Applicable		
Zip	Country	Zip	Country		5. (	Certificate of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				16	7. Name and Address of New Registered Agent				
MURPHY, DAVID J				Name					
14217 3RD ST DADE CITY FL 33523-3828				Street Address (P.O. Box Number is Not Acceptable)					
				City			Zip Cod	<u> </u>	
A The above	ed office or regis	tered an			and accept				
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 Signature, typed or printed name of registered agont and title if applicable (NOTE. Registered Agent signature required when reinstating)  DATE									
F			9. Election Campaign Financing	\$5.0	O May Be				
After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State						Trust Fund Contribution.	☐ Adder	i to Fees	
18. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		SIN 11			
TITLE	PD	☐ Delete		BILE		☐ Change ☐ Addition UDDD000036149 02/06/04-80047-005 150.00			
NAME STREET ADDRESS	MUZZIO, JAMES E 16910 SWEETWATER DR.			NAME STREET ADDRESS					
CETY-SE-ZIP	DADE CITY FL 33523	<b>.</b>		-ST-ZIP	02/05/04/3004/-005 150.00				
TITLE	TD	☐ Delete	TITLE	,			☐ Change	Addition	
NAME STREET ADDRESS	MUZZIO, MARY M 16910 SWEETWATER DR.		NAM STRE	ET ADORESS					
CITY-ST-ZIP	DADE CITY FL 33523	and the state of t		-ST-ZIP					
TITLE	☐ Delete		•	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS					
CITY-ST-ZIP				-ST-21P					
TEFLE		☐ Delete	TETLE	1			☐ Change	Addition	
NAME STREET ADDRESS			NAM Stre	ET ADDRESS					
CITY-ST-ZIP			4	-ST-ZIF					
HILE		☐ Delete	TITE.	3			☐ Change	Addition	
name Street address			NAM STOR	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TIBLE		☐ Delete	BIL	E	····		☐ Change	Addition	
NAME STREET ADMRESS			NAM STRE	EET AODRESS					
STREET ADDRESS CITY-ST-ZIP				-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 in the capacity country and security and security and that my signature shall have the capacity as it made under ceth, that I am an office out director.									
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									

**FILED**