

FILED
May 07, 2007 8:00 am
Secretary of State

04-18-2007 90190 011 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000027434

1. Entity Name
MUZBEES, INC.



Principal Place of Business
**16910 SWEETWATER RD
DADE CITY, FL 33523**

Mailing Address
**16910 SWEETWATER RD
DADE CITY, FL 33523**

66013583



03032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3710680

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURPHY, DAVID J
14217 3RD ST
DADE CITY, FL 33523-3828**

**DO NOT WRITE
IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	MUZZIO, JAMES E
STREET ADDRESS	16910 SWEETWATER DR.
CITY- ST- ZIP	DADE CITY, FL 33523
TITLE	PD
NAME	MUZZIO, MARY M
STREET ADDRESS	16910 SWEETWATER DR.
CITY- ST- ZIP	DADE CITY, FL 33523
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Mary M. Muzzio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07 352-521-3370

DATE DAYTIME PHONE #

ATTACHMENT 66013583
#PD1000027434

MUZBEES, INC
16910 SWEETWATER RD
DADE CITY, FL 33523

40068216 Date 4-6-07 1132

63-8204/2831

Pay to the Order of Florida Department of State \$ 150.00

One hundred fifty Dollars

San Antonio Citizens
Federal Credit Union
12542 Curley Road - P.O. Box 1057
San Antonio, Florida 78216

Memo

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DEPARTMENT OF STATE
FOR DEPOSIT ONLY
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