2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000027434

1. Entity Name
MUZBEES, INC.

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

DO NOT WRITE IN THIS SPACE

03092008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3710680		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

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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 _____ VP _____ 4-10-08

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, 2008 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/08-80064-011 150.00

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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: _____ VP   James E Muzzio VP 4-10-08   352-521-3390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #