2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000032037

PROFIT TRENZ, INCORPORATED

FILED Jan 14, 2008 08:00 Al Secretary of State

Principal Place of Business

217 W. PALMETTO ST. WAUCHULA, FL 33873 Mailing Address

217 W. PALMETTO ST. WAUCHULA, FL 33873



01102008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3706756

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

NUCCIO, MARSHALL V 217 W. PALMETTO ST. WAUCHULA, FL 33873

STREET ADDRESS CITY-ST-ZIP

NAME . STREET ADDRESS CITY-ST ZIP

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pi tions of registered agent.	urpose of changing its registered	office or	egistered agent, or bot	th, in the State of Florida. I am familiar with, a	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered				e required when reinstaling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution	ng	\$5.00 May Be Added to Fees	U00000780723 01/15/08-80007~004	150,00
10. TITLE	OFFICERS AND DIRECT	TORS				
NAME STREET ADDRESS CITY-ST-ZIP	NUCCIO, MARSHALL V 217 W. PALMETTO ST. WAUCHULA, FL 33873					
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁷	THIS SPACE	
TITLE						

12. I hereby certify that the information supplied with this filling 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 signalities 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 articless, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-08

863-773-Y7*Y9*

Daytime Phone #