

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90036 020 ***158.75

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1. Entity Name

MAZZAMUTO ENTERPRISES, INC.



Principal Place of Business

**1931 SW MCALLISTER LANE
PORT ST. LUCIE FL 34953**

Mailing Address

**1931 SW MCALLISTER LANE
PORT ST. LUCIE FL 34953**



2. Principal Place of Business - No P.O. Box #

7910 180th STREET

3. Mailing Address

P.O. Box 276

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

MCALPIN, FL

City & State

MCALPIN, FL

4. FEI Number

65-1113743

Applied For

Not Applicable

Zip

32062

Country

USA

Zip

32062

Country

USA

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOGNAR, FRANCES
1931 SW MCALLISTER LANE
PORT ST LUCIE FL 34953**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7910 180th STREET

City

MCALPIN

FL

Zip Code

32062

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

Frances Bognar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-28-07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CEOP
MAZZAMUTO, JOHNNY
1931 SW MCALLISTER LANE
PORT SAINT LUCIE FL 34953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**COOV
BOGNAR, FRANCES
1931 SW MCALLISTER LANE
PORT SAINT LUCIE FL 34953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CEOP
MAZZAMUTO, JOHNNY
7910 180th STREET
MCALPIN, FL 32062** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**COOV
FRANCES BOGNAR
7910 180th ST
MCALPIN, FL 32062** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Frances Bognar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07 386-963-1277

Date

Daytime Phone #