


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90022 039 ***150.00

DOCUMENT # P01000109531

1. Entity Name
DEL ZOTTO STRUCTURES, INC.



Principal Place of Business Mailing Address
4575 W. HWY. 40 **4575 W. HWY. 40**
OCALA, FL 34482 **OCALA, FL 34482**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04042008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3756122 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ORTIZ, GEORGE
1515 E. SILVER SPRINGS BLVD SUITE 128
OCALA, FL 34470

Name **Daryl Collier**
 Street Address (P.O. Box Number is Not Acceptable)
550 NE 25th Avenue
 City **Ocala** **FL** Zip Code **34470**

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 **Daryl Collier** DATE **4/16/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS DELZOTTO, LAURA M 4575 W HWY 40 OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Laura M DelZotto** Date **4/16/08** Daytime Phone # **352-351-3834**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR