


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000074307
 1. Entity Name
 PHIXERZ, INC.



Principal Place of Business Mailing Address
 6947 OLDGATE CIR 6947 OLDGATE CIR
 NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 30-0099675 Not Applicable

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

6. Name and Address of Current Registered Agent
 ROPPOLO, GARRY
 6947 OLDGATE CIR
 NEW PORT RICHEY, FL 34655

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000108644
 04/12/04-80011-023 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
 NAME ROPPOLO, GARRY
 STREET ADDRESS 6947 OLDGATE CIR
 CITY - ST - ZIP NEW PORT RICHEY, FL 34655

TITLE V
 NAME ROPPOLO, TREVOR
 STREET ADDRESS 6947 OLDGATE CIR
 CITY - ST - ZIP NEW PORT RICHEY, FL 34655

TITLE V
 NAME ROPPOLO, MARC
 STREET ADDRESS 6947 OLDGATE CIR
 CITY - ST - ZIP NEW PORT RICHEY, FL 34655

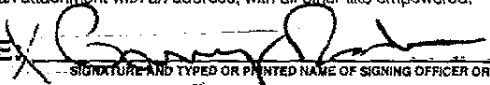
TITLE S
 NAME ROPPOLO, REBECCA
 STREET ADDRESS 6947 OLDGATE CIR
 CITY - ST - ZIP NEW PORT RICHEY, FL 34655

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/29/04 Daytime Phone #: 813-727-1174