


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000085176</b> 1. Entity Name PIZIO, INC.	
---	---

Principal Place of Business 9 PHEASANT LANE ORMOND BEACH, FL 32174	Mailing Address 9 PHEASANT LANE ORMOND BEACH, FL 32174
--	--



01082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 45-0485512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PEBURN, FRANK R 9 PHEASANT LANE ORMOND BEACH, FL 32174
---

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$153.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEBURN, FRANK R 9 PHEASANT LANE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLENZIO, STEPHEN M 169 TURTLE BAY DRIVE BRANFORD, CT 06405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEBURN, ERIC M 7 FAIRWINDS CR ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEBURN, MARC F 14 GOLF RD WETHERSFIELD, CT 06109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000203695  
01/29/05-80039-019 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 charged, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <u>Frank R. Peburn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1-22-05</u> <small>Date</small>	<u>386-677-3465</u> <small>Daytime Phone if</small>
---	---------------------------------------	--