

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90003 045 ***150.00

DOCUMENT # P02000085176

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

40010231



02052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0485512

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-06

Date

386-677-3999

Daytime Phone #