

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90003 030 ***550.00

DOCUMENT # P02000093408

1. Entity Name

PAZO, INC.



Principal Place of Business

11215 METRO PARKWAY
FORT MYERS, FL 33912

Mailing Address

11215 METRO PARKWAY
FORT MYERS, FL 33912

54062170



07062004

No Chg-P

CR2E034 (10/03)

4. FEI Number
06-1644504

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EDMONDS, SCOTT A
11215 METRO PARKWAY
FORT MYERS, FL 33912

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EDMONDS, SCOTT A
STREET ADDRESS 11215 METRO PARKWAY
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE D
NAME GRALNICK, MARVIN J
STREET ADDRESS 11215 METRO PARKWAY
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE D
NAME GIBSON, VERA
STREET ADDRESS 11215 METRO PARKWAY
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE V
NAME KLEMAN, CHARLES
STREET ADDRESS 11215 METRO PKWY
CITY-ST-ZIP FORT MYERS, FL 33912

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 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 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

Daytime Phone #

Charles Kleman Charles Kleman 7/6/04 239-274-4280