

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000040431**

1. Entity Name  
**STUZAK, INC.**



Principal Place of Business  
**1346 TIGER LAKE DR  
GULF BREEZE, FL 32563**

Mailing Address  
**1346 TIGER LAKE DR  
GULF BREEZE, FL 32563**



**DO NOT WRITE IN THIS SPACE**

03112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**03-0516747**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HICKEY, RAYMOND G  
913 GULF BREEZE PKWY #5  
GULF BREEZE, FL 32561**

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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

*Michelle Morgan*

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

(NOTE: Registered Agent signature required when reinstating)

*April 15, 2005*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MORGAN, MICHELLE M  
1346 TIGER LAKE DR  
GULF BREEZE, FL 32563**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

1000000366710  
05/16/05-80003-012 150.00

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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)(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:**

*Michelle Morgan* Michelle Morgan

Date

Daytime Phone #