
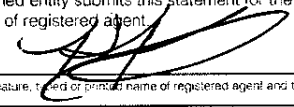
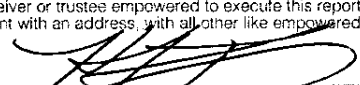


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90009 039 ***150.00

DOCUMENT # P03000061479 1. Entity Name PANZITTA INVESTMENTS, INC.					
Principal Place of Business 1550 CLEARLAKE CENTRE 250 AUSTRALIAN AVENUE SOUTH WEST PALM BEACH, FL 33401				Mailing Address 1550 CLEARLAKE CENTRE 250 AUSTRALIAN AVENUE SOUTH WEST PALM BEACH, FL 33401	
2. Principal Place of Business 9587 WAKEFIELD DRIVE Suite, Apt. #, etc.				3. Mailing Address 9587 WAKEFIELD DRIVE Suite, Apt. #, etc.	
City & State Palm Beach Gardens FL				City & State Palm Beach Gardens FL	
Zip 33410				Zip 33410	
Country FL				Country FL	
4. FEI Number 38-3683424				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, JOHN C ESQ 1550 CLEARLAKE CENTRE 250 AUSTRALIAN AVENUE SOUTH WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name HEATHER PANZITTA Street Address (P.O. Box Number is Not Acceptable) 9587 WAKEFIELD DRIVE City & State Palm Beach Gardens FL	
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.				DATE 3-4-04	
SIGNATURE 				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DAK <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HEATHER PANZITTA				NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9587 WAKEFIELD DRIVE				STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP Palm Beach Gardens 33410				CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> Delete				NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> Delete				STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <input type="checkbox"/> Delete				CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS <input type="checkbox"/> Delete				STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <input type="checkbox"/> Delete				CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				3-4-03 561-776-0560	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	