

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000075113

1. Entity Name
JSSZ, INC.



FILED

04 JUL 14 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 49 SUNSET STREET SATELLITE BEACH, FL 32937	Mailing Address 49 SUNSET STREET SATELLITE BEACH, FL 32937
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05012004 Chg-P CR2E034 (10/03)

4. FEE Number 432022514	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZIMMER, JOAN 49 SUNSET STREET SATELLITE BEACH, FL 32937	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 fee if applicable. (NOTE: Registered Agent signature required when reissuing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIMMER, JOAN 49 SUNSET STREET SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600039576146 07/27/04--01081--002 <input type="checkbox"/> Change <input type="checkbox"/> Addition **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HILL, SUZANNE 441 SPARROW DRIVE SATELLITE BEACH, FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:

Suzanne A. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 772-388-1313

Date Daytime Phone #

**JSSZ, Inc.
Bizzarro's Pizza
957B Sebastian Blvd.
Sebastian, FL 32958**

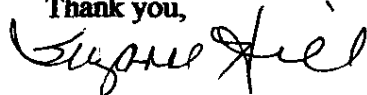
July 16, 2004

**Tyrone Scott
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Dear Mr. Scott:

I am writing concerning our phone conversation today concerning our Annual Report. As I stated, I filed this report on line on April 30, 2004. I entered the information for this fee to be charged to our corporate debit card; however, this charges were not deducted from our account. I am enclosing a check for the original fee and requesting that the last filing fee be waived.

Thank you,



Suzanne Hill