# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/20

**FILED**
**Jul 29, 2004 8:00 am**
**Secretary of State**
05-03-2004 90693 003 ***150.00

DOCUMENT # P03000095377

1. Entity Name
MEZZATESTA INSURANCE AGENCY, INC.

66430936

| Principal Place of Business | Mailing Address |
|---|---|
| 2515 SE 22ND CT.<br>CAPE CORAL, FL 33904 | 2515 SE 22ND CT.<br>CAPE CORAL, FL 33904 |

04262004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 16-1682170 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MEZZATESTA, FRANK A<br>2515 SE 22ND CT.<br>CAPE CORAL, FL 33904 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$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<br>MEZZATESTA, FRANK A<br>2515 SE 22ND COURT<br>CAPE CORAL, FL 33904 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MEZZATESTA, FRANK A<br>2515 SE 22ND COURT<br>CAPE CORAL, FL 33904 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MEZZATESTA, FRANK A<br>2215 SE 22ND COURT<br>CAPE CORAL, FL 33904 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Frank Mezzatesta PRES 4-29-04 239 945-7844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANK MEZZATESTA

MEZZATESTA INSURANCE AGENCY, INC. 66430936 [redacted] 1107
1505 SE 40TH STREET, SUITE F
CAPE CORAL, FL 33904

DATE 4-28-04 63-9231/670

PAY TO THE ORDER OF Florida Dept. of State $ 150 00

One Hundred + Fifty 00 DOLLARS

Busey Bank Florida 2524 Del Prado Blvd S. Cape Coral, Florida 33904-5750

FOR 2004 Annual Report [redacted]

FLORIDA DEPARTMENT OF STATE Attachment
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
**PAID**
State of Florida
84321

# NOTICE OF INTENT TO DISSOLVE

0150448 01 AV 0.176 **AUTO T0 2 1203 33904-330315

MEZZATESTA INSURANCE AGENCY, INC.
2515 SE 22ND CT.
CAPE CORAL FL 33904-3303

## To receive the form-by-mail:

- *Detach this postcard.*
- *Enter address to mail report to, if different from preprinted mailing address.*
- *Affix postage on reverse side and mail.*
- *Allow 10-14 business days to receive form.*

Document # P03000095377

MEZZATESTA INSURANCE AGENCY, INC.
2515 SE 22ND CT.
CAPE CORAL FL 33904-3303

**Mail Report to:**

_____
_____
_____
_____

Attachment
66430936

#P03000095377

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20010514 06 003 01 033000219
0234229051
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ENT=1191 TRC=1154 PK=06

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DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 100000078B

MAY 13 2004

# IMPORTANT NOTICE

This will serve as your 60 days notice that the business entity listed on this postcard will be administratively dissolved/revoked and an additional reinstatement fee will be due if the annual report is not properly filed and the appropriate fee paid by September 8, 2004.

Visit our website at www.sunbiz.org for fee information.

## OPTION 1 - *File Online (recommended)*

- Visit **www.sunbiz.org**. It's faster and easier!
- Available 24 hours a day, 7 days a week
- Mastercard, Visa or American Express accepted

*Free public access to the Internet is available at your local public library.*

## OPTION 2 - *Submit form and check by mail*

- Immediately download preprinted form from **www.sunbiz.org**.
- No credit card information required

  OR
- Return attached postcard to receive form by mail
- Allow 10-14 business days for delivery

PLACE PROPER POSTAGE HERE BEFORE MAILING

**Division of Corporations**
**PO Box 6198**
**Tallahassee, FL 32314-6198**

05457, FL 32317