

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.



Principal Place of Business
**2515 SE 22ND CT.
CAPE CORAL, FL 33904**

Mailing Address
**2515 SE 22ND CT.
CAPE CORAL, FL 33904**

66430936



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

16-1682170

Applied For
Not Applicable

Zip

Country

Zip

Country

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
2515 SE 22ND CT.
CAPE CORAL, FL 33904**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **P** ☐ Delete
NAME **MEZZATESTA, FRANK A**
STREET ADDRESS **2515 SE 22ND COURT**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MEZZATESTA, FRANK A**
STREET ADDRESS **2515 SE 22ND COURT**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MEZZATESTA, FRANK A**
STREET ADDRESS **2215 SE 22ND COURT**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

FRANK MEZZATESTA

PAER

4-29-04

235 945-7844

MEZZATESTA INSURANCE AGENCY, INC.

1505 SE 40TH STREET, SUITE F
CAPE CORAL, FL 33904

66430936

1107

PAY
TO THE
ORDER OF

FLORIDA DEPT. of State
ONE HUNDRED & FIFTY

DATE

4-29-04

63-9231/670

\$ 150⁰⁰/₁₀₀

DOLLARS



Security Features
Included
Details on Back



Busey
Busey Bank Florida

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

FOR

2004 Annual Report

[Signature]



FLORIDA DEPARTMENT OF STATE

Secretary of State

Glenda E. Hood

DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahassee, Florida 32314

Attachment

First-Class Mail

U.S. Postage

PAID

State of Florida

84321

NOTICE OF INTENT TO DISSOLVE

0150448 01 AV 0.178 **AUTO TO 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

Mail Report to:

MEZZATESTA INSURANCE AGENCY, INC.

2515 SE 22ND CT.

CAPE CORAL FL 33904-3303



Attachment
66430936

#P03000095377

067092310 0011450071
20010514 06 003 01 033000219
0234229051
05142004
0630-0019-9
ENT=1191 TRC=1154 PK=06

MAY 13 04

2065 05400

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009088788
MAY 13 2004

BANK OF AMERICA NA JAX
#0630000444 E0653 90 P11
05/13/04
654083551

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)

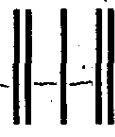


- Visit www.sunbiz.org. It's faster and easier!
 - Available 24 hours a day, 7 days a week
 - Mastercard, Visa or American Express accepted
- Free public access to the Internet is available at your local public library.*

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

547135
05442
626

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