

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108057

FILED
Jul 25, 2004
Secretary of State

Entity Name: ANZALONE ENTERPRISES, INC.

Current Principal Place of Business:

2001 SHADY OAKS DR.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2001 SHADY OAKS DR.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 76-0743960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANZALONE, TROY
2001 SHADY OAKS DR.
TALLAHASSEE, FL 32303

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANZALONE, TROY
Address: 2001 SHADY OAKS DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VSTD () Delete
Name: ANZALONE, JULIA
Address: 2001 SHADY OAKS DR.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA ANZALONE

VSTD

07/25/2004

Electronic Signature of Signing Officer or Director

Date