

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90108 002 ***150.00

DOCUMENT # P04000007717

1. Entity Name

JOSEPH GUZZI CONTRACTING INC.



Principal Place of Business

33 FARRINGTON LANE
PALM COAST FL 32137

Mailing Address

P.O. BOX 353725
PALM COAST FL 32135



2. Principal Place of Business

33 Farrington Ln
Suite, Apt. #, etc.

3. Mailing Address

PO Box 32137
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State
Palm Coast Fla

City & State
Palm Coast Fla

4. FEI Number
57-1198983

Applied For
Not Applicable

Zip
32137

Country
Flasle

Zip
32135

Country
Flasle

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

6. Name and Address of Current Registered Agent

GUZZI, JOSEPH
33 FARRINGTON LANE
PALM COAST FL 32137

7. Name and Address of New Registered Agent

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GUZZI, JOSEPH
33 FARRINGTON Ln
PALM COAST FL 32137

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

4/11/06 386 931-3832
Date Daytime Phone #