


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90013 033 \*\*\*150.00

<b>DOCUMENT # P04000047840</b>			
1. Entity Name <b>PIZZULO, INC.</b>			
Principal Place of Business <b>2395 SW 147TH LANE ROAD OCALA, FL 34473</b>		Mailing Address <b>2395 SW 147TH LANE ROAD OCALA, FL 34473</b>	
2. Principal Place of Business <b>6 Pecan Pass Loop</b>		3. Mailing Address <b>6 Pecan Pass Loop</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Ocala, FL</b>		City & State <b>Ocala, FL</b>	
Zip <b>34472</b>	Country	Zip <b>34472</b>	Country
4. FEI Number <b>20-0887260</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PIZZULO, PATRICK A 2395 SW 147TH LANE ROAD OCALA, FL 34473</b>		7. Name and Address of New Registered Agent Name <b>Pizzulo, Patrick A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6 Pecan Pass Loop</b> City <b>Ocala</b> FL Zip Code <b>34472</b>	
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 <u>Patrick A. Pizzulo</u> <u>[Signature]</u> <u>7/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIZZULO, PATRICK A 2395 SW 147TH LAND ROAD OCALA, FL 34473 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pizzulo, PATRICK A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6 Pecan Pass Loop Ocala, FL 34472
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
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: <u>Patrick A. Pizzulo</u> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7/11/05</u> (352) 680-0402 <small>Daytime Phone</small>	

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