


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90028 006 \*\*\*150.00

<b>DOCUMENT # P04000048833</b>	
1. Entity Name <b>PEZCAL, INC.</b>	

Principal Place of Business <b>801 12TH AVE SOUTH #302 NAPLES, FL 34102</b>	Mailing Address <b>801 12TH AVE SOUTH #302 NAPLES, FL 34102</b>
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2. Principal Place of Business - No P.O. Box # <b>5651 NAPLES BLVD</b>	3. Mailing Address <b>12870 TRADE WAY FOUR #108</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>PMB 315</b>

City & State <b>NAPLES, FL</b>	City & State <b>BONITA SPRINGS, FL</b>
Zip <b>34109</b>	Zip <b>34135</b>
Country <b>USA</b>	Country

40045221



02152008 Chg-P CR2E034 (12/06)

4. FEI Number <b>83-0389164</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PEZZINO, JOHN 801 12TH AVE SOUTH #302 NAPLES, FL 34102</b>	7. Name and Address of New Registered Agent Name <b>JOHN PEZZINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>5651 NAPLES BLVD</b> City <b>NAPLES</b> FL Zip Code <b>34109</b>
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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 **JOHN PEZZINO** **JOHN PEZZINO VPH** DATE **3/11/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CALABRESE, PATRICIA 29023 ALESANDRIA CIRCLE BONITA SPRINGS, FL 34135 <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	VT PEZZINO E, JOHN 29023 ALESANDRIA CIRCLE BONITA SPRINGS, FL 34135 <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
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
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 exemptions contained in Chapter 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: **JOHN PEZZINO** **JOHN PEZZINO VPH** DATE **3/11/08** DAYTIME PHONE # **239 591 3246**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR