

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056089

Entity Name: MIZIO & ASSOCIATES, INC.

FILED  
Jun 28, 2005  
Secretary of State

## Current Principal Place of Business:

25400 US HWY 19 N  
SUITE 210  
CLEARWATER, FL 33763

## New Principal Place of Business:

25400 U.S. HWY 19 NORTH  
SUITE 210  
CLEARWATER, FL 33763

## Current Mailing Address:

25400 US HWY 19 N  
SUITE 210  
CLEARWATER, FL 33763

## New Mailing Address:

25400 U.S. HWY 19 NORTH  
SUITE 210  
CLEARWATER, FL 33763

FEI Number: 75-3149950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIZIO, ARMANDO F  
25400 US HWY 19 N  
SUITE 210  
CLEARWATER, FL 33763 US

## Name and Address of New Registered Agent:

MIZIO, ARMANDO F  
25400 U.S. HWY 19 NORTH  
SUITE 210  
CLEARWATER, FL 33763 US

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: ARMANDO F. MIZIO

06/28/2005

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: PSTD ( ) Delete  
Name: MIZIO, ARMANDO F  
Address: 25400 US HWY 19 N SUITE 210  
City-St-Zip: CLEARWATER, FL 33763

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: MIZIO, ARMANDO F  
Address: 25400 U.S. HWY 19 NORTH - SUITE 210  
City-St-Zip: CLEARWATER, FL 33763

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: ARMANDO F. MIZIO

PSTD

06/28/2005

Electronic Signature of Signing Officer or Director

Date