


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90076 005 ***150.00

DOCUMENT # P04000089347

1. Entity Name
JOZAK, INC.



Principal Place of Business
**17037 MAGNOLIA ISLAND BOULEVARD
 CLERMONT, FL 34711 US**

Mailing Address
**P.O. BOX 156
 OAKLAND, FL 34760-0156 US**

2. Principal Place of Business
19653 FLORANTINE CIRCLE

3. Mailing Address
 Suite, Apt. #, etc. City & State

City & State
CLERMONT, FLORIDA

City & State
 City & State

Zip
34715 Country
USA

Zip Country



04042006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**MCALARNEY, NANCY A
 102 PARK PLACE BLVD
 BUILDING B, SUITE 3
 KISSIMMEE, FL 34741**

4. FEI Number
20-1221782

Applied For
 Not Applicable

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

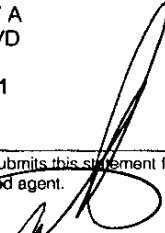
7. Name and Address of New Registered Agent

Name **SIMON J. RONCHETTI**

Street Address (P.O. Box Number is Not Acceptable)
19653 FLORANTINE CIRCLE

City **CLERMONT** State **FL** Zip Code **34715**

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  **SIMON J. RONCHETTI** DATE **04/04/2006**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RONCHETTI, SIMON JOHN 17037 MAGNOLIA ISLAND BOULEVARD CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19653 FLORANTINE CIRCLE CLERMONT, FLORIDA, 34715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RONCHETTI, HELEN 17037 MAGNOLIA ISLAND BOULEVARD CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19653 FLORANTINE CIRCLE CLERMONT, FLORIDA, 34715
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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
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:  **HELEN RONCHETTI** DATE **04/04/2006** Daytime Phone # **4074684686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR