


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

04-18-2005 90264 040 ***150.00

DOCUMENT # P04000140436					
1. Entity Name ANDREOZZI ARMS, INC.					
Principal Place of Business 11136 N.W. 37TH LANE GAINESVILLE FL 32606			Mailing Address 11136 N.W. 37TH LANE GAINESVILLE FL 32606		
2. Principal Place of Business 3033 NE 19th DR			3. Mailing Address		
Suite, Apt. #, etc. STE. 2			Suite, Apt. #, etc.		
City & State GAINESVILLE, FL			City & State		
Zip 32609-3326		Country ALACHUA		4. FEI Number 30-0277769	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ANDREOZZI, MARC L 11136 N.W. 37TH LANE GAINESVILLE FL 32606			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 <i>Marc L Androzzi</i>		PRESIDENT		DATE <i>4/09/2005</i>	
Signature, typed or printed name of registered agent and not applicable		(NOTE: Registered Agent's signature required when re-registering)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREOZZI, MARC L		NAME		
STREET ADDRESS	11136 N.W. 37TH LANE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Marc L Androzzi</i>		PRESIDENT		DATE <i>4/09/2005</i> (352) 284-7674	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	