

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000000082

**FILED**  
**Apr 08, 2005**  
**Secretary of State**

**Entity Name:** ANTHONY J. MAZZA AIA ARCHITECTS AND PLANNERS, P.A.

**Current Principal Place of Business:**

134 FIFTH AVENUE  
SUITE 103  
INDIALANTIC, FL 32903 US

**New Principal Place of Business:**

**Current Mailing Address:**

134 FIFTH AVENUE  
SUITE 103  
INDIALANTIC, FL 32903 US

**New Mailing Address:**

**FEI Number:** 20-2078080      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAZZA, LORNA S  
8220 COMPTON WAY  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAZZA, ANTHONY J SR.  
Address: 8220 COMPTON WAY  
City-St-Zip: MELBOURNE, FL 32940 US

Title: VP ( ) Delete  
Name: MAZZA, LORNA S  
Address: 8220 COMPTON WAY  
City-St-Zip: MELBOURNE, FL 32940 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VST (X) Change ( ) Addition  
Name: MAZZA, LORNA S  
Address: 8220 COMPTON WAY  
City-St-Zip: MELBOURNE, FL 32940 US

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: LORNA S. MAZZA

VST

04/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date