


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90061 008 \*\*\*150.00

<b>DOCUMENT # P05000004144</b>	
1. Entity Name JOHN F. RUZIC, P.A.	

Principal Place of Business 446 HARBOR DRIVE NORTH INDIAN ROCKS BEACH, FL 33785	Mailing Address 446 HARBOR DRIVE NORTH INDIAN ROCKS BEACH, FL 33785
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2. Principal Place of Business - No P.O. Box # 2555 N. TAMIANI Suite, Apt. #, etc. Trail	3. Mailing Address 617 Badger Ct Suite, Apt. #, etc.
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City & State Naples, FL	City & State Montrose, CO
Zip 34103	Country
Country	Zip 81401
Country	Country



02222007 Chg-P CR2E034 (12/06)

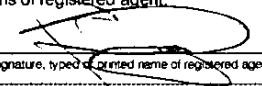
4. FEI Number 20-2125974	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUZIC, JOHN F 446 HARBOR DRIVE NORTH INDIAN ROCKS BEACH, FL 33785	
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7. Name and Address of New Registered Agent	
Name Joseph N. Dinuzzio	
Street Address (P.O. Box Number is Not Acceptable) 2555 N. TAMIANI Trail	
City Naples	FL Zip Code 34103

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:  DATE: 2/26/07  
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, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 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	P RUZIC, JOHN F 446 HARBOR DRIVE NORTH INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 617 Badger Court Montrose, CO 81401
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
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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

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:  DATE: 2/26/07 970 394 4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR