2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State
06-10-2008 90003 007 ***150.00

DOCUMENT # P07000086269

1. Entity Name
ALLEYZEE, INC

Principal Place of Business	Mailing Address
1679 EAGLE HARBOR PARKWAY ORANGE PARK, FL 32003 US	2541 SUNNY CREEK DRIVE ORANGE PARK, FL 32003 US

01082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1679 Eagle Harbor Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite C
City & State	City & State Orange Park FL
Zip / Country	Zip 32003 / Country Clay

4. FEI Number 26-0647374 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANTORO, THOMAS C ESQ. 1700 WELLS ROAD SUITE 5 ORANGE PARK, FL 32073	Name Jeanine Magsitza Street Address (P.O. Box Number is Not Acceptable) 2541 Sunny Creek Dr City Orange Park FL FL Zip Code 32003

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: Jeanine Magsitza JEANINE MAGSITZA 4/25/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 MAGSITZA, JEANINE B 2541 SUNNY CREEK DRIVE ORANGE PARK, FL 32003 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGSITZA, JAY I 2541 SUNNY CREEK DRIVE ORANGE PARK, FL 32003 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/25/08 904 264 7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #