

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90086 043 ***150.00

DOCUMENT # P07000091996

1. Entity Name
RIZZO MANAGEMENT SERVICES, INC.



Principal Place of Business
**1033 LAKE ASBURY DR.
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**1033 LAKE ASBURY DR.
GREEN COVE SPRINGS, FL 32043**

40006007



2. Principal Place of Business - No P.O. Box #

4213 County Rd 218

3. Mailing Address

As above

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

01072008

Chg-P

CR2E034 (12/06)

City & State

Middleburg Florida

City & State

4. FEI Number

26-0725720

Applied For

Not Applicable

Zip

32068

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIZZO, LYNN M
1033 LAKE ASBURY DR.
GREEN COVE SPRINGS, FL 32043**

7. Name and Address of New Registered Agent

Name

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RIZZO, LYNN M
1033 LAKE ASBURY DR.
GREEN COVE SPRINGS, FL 32043**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
RIZZO, STEPHEN
1033 LAKE ASBURY DR.
GREEN COVE SPRINGS, FL 32043**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

Lynn M Rizzo President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-8

Date

904 406 0701

Daytime Phone #