


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000015470	
1. Entity Name BADZI, INC.	

Principal Place of Business 425 73RD AVE. N. ST. PETERSBURG, FL 33702 US	Mailing Address 5325 MEADOW DR SE ROCHESTER, MN 55904 US
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02052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0396952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DECARLO, MARY ANNE 6634 KINGSWOOD DR N SAINT PETERSBURG, FL 33702

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IN THIS SPACE**

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, 2005 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	P WIAMER, DOROTHY J 25852 AYSER DR. PUNTA GORDA, FL 33983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOPYTA, ROBERT C 7 HAVENHILL RD. HAMBURG, NJ 07419	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILLIPS, JOAN M 5325 MEADOW DR SE ROCHESTER, MN 55904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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02/08/05-80058-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *J.M. Phillips* **2/6/05 507 289-3466**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #