2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005
Secretary of State

DOCUMENT# P93000050432

Entity Name: GARY MARZO, INC.

Current Principal Place of Business:

861 A SW LAKEHURST DR
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

861 A SW LAKEHURST DR
SUITE A
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

P.O. BOX 8955
PORT ST. LUCIE, FL 34985

New Mailing Address:

861 SW LAKEHURST DR.
SUITE A
PORT ST. LUCIE, FL 34983

FEI Number: 65-0434155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARZO, GARY
861 - A SW LAKEHURST DR
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

MARZO, GARY
861 SW LAKEHURST DR
SUITE A
PORT ST. LUCIE, FL 34983 US

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: GARY MARZO 02/22/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARZO, GARY
Address: P.O. BOX 8955 861-A SW LAKEHURST DR
City-St-Zip: PORT ST LUCIE, FL 34985

Title: V ( ) Delete
Name: HEATH, WILLIAM
Address: PO BOX 8955 861-A SW LAKEHURST DR
City-St-Zip: PORT ST LUCIE, FL 34985

Title: T ( ) Delete
Name: MARZO, LYNN
Address: PO BOX 8955 861 A SW LAKEHURST DR
City-St-Zip: PORT ST LUCIE, FL 34985

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MARZO, GARY
Address: 861-A SW LAKEHURST DR
City-St-Zip: PORT ST LUCIE, FL 34983

Title: V (X) Change ( ) Addition
Name: HEATH, WILLIAM
Address: 861-A SW LAKEHURST DR
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T (X) Change ( ) Addition
Name: MARZO, LYNN
Address: 861 A SW LAKEHURST DR
City-St-Zip: PORT ST LUCIE, FL 34983

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: GARY MARZO PRES 02/22/2005
Electronic Signature of Signing Officer or Director Date