


FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90110 003 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P93000063361					
1. Entity Name J N FAZIO, INC.					
Principal Place of Business 2552 ANDERSON DRIVE W. CLEARWATER, FL 34761			Mailing Address 2552 ANDERSON DRIVE W. CLEARWATER, FL 34761		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip 33761	Country	Zip 33761	Country	4. FEI Number 59-3212536	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FAZIO, JOSEPH 2552 ANDERSON DR W CLEARWATER, FL 34621-3806			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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SVPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAZIO, JOSEPH	NAME			
STREET ADDRESS	2552 ANDERSON DR W	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 34621	CITY-ST-ZIP			
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAZIO, NORMA I	NAME			
STREET ADDRESS	2552 ANDERSON DR W	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 34621	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Norma I. Fazio</i> NORMA I. FAZIO PTD 5-24-07 (727) 797-4264					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

40120498



05182007 Chg-P CR2E034 (12/06)

ATTACHMENT

40120498

P93000063361

5-24-07

To whom it may concern,

Enclosed is my 2007 Annual report and a check for \$150.00.

I never received my notice in the mail and I think its because the zipcode is incorrect.

Thank You
Norma S. Fazio