

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000063361						<p style="font-size: 1.2em; margin: 0;">FILED</p> <p style="margin: 0;">12 MAY 17 PM 11:14</p>	
1. Entity Name J N FAZIO, INC.				Principal Place of Business 2552 ANDERSON DRIVE W. CLEARWATER, FL 33761			
2. Principal Place of Business - No P.O. Box #				Mailing Address 2552 ANDERSON DRIVE W. CLEARWATER, FL 33761			
3. Mailing Address		Suite, Apt. #, etc.		3. Mailing Address		Suite, Apt. #, etc.	
City & State		City & State		4. FEI Number 59-3212536		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee 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 33761				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees	
						REMITTED BY MAY 1	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD FAZIO, JOSEPH 2552 ANDERSON DR W CLEARWATER, FL 33761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200235246792 05/17/12--01018--008 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FAZIO, NORMA I 2552 ANDERSON DR W CLEARWATER, FL 33761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Norma I Fazio</u> <u>May 14, 2012</u>				MAY 17 2012			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				E-MAIL ADDRESS A. DUNLAP			