

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P95000070816**  
1. Entity Name  
**SANZONE BROKERAGE, INC.**



Principal Place of Business  
**3704 U.S. HWY 301  
SUITE 7  
ELLENTON, FL 34222 US**

Mailing Address  
**P.O. BOX 196  
ELLENTON, FL 34222 US**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0609948</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SANZON, FRANK  
8809 29TH STREET E  
PARRISH, FL 34219**

**DO NOT WRITE 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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANZONE, FRANK
STREET ADDRESS	8809 29TH STREET E
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	D
NAME	SCHOENY, JEFF
STREET ADDRESS	7820 BRILL RD
CITY-ST-ZIP	CINCINNATI, OH 45243
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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04/29/06-80002-007 150.00^M

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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:** *Frank Sanzone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/11/06* Daytime Phone #: *941-721-7702*