

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 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**



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0609948

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D SANZONE, FRANK 8809 29TH STREET E PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOENY, JEFF 7820 BRILL RD CINCINNATI, OH 45243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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

2/22/07 941-721-7702
Date Daytime Phone #