

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000005249

1. Entity Name
RIZ ENTERPRISES, INC.



Principal Place of Business
1958 S.E. PORT SAINT LUCIE BLVD.
PORT ST LUCIE, FL 34952 US

Mailing Address
1958 S.E. PORT SAINT LUCIE BLVD.
PORT ST LUCIE, FL 34952 US



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0637768

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RIZZOLO, JANET P
1958 S.E. PORT ST. LUCIE BLVD.
PORT ST LUCIE, FL 34952

**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 re-registering.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000355275
05/03/05-80140-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIZZOLO, JANET P
STREET ADDRESS	1783 NW SHORE TER
CITY-ST-ZIP	STUART, FL 34994
TITLE	VPD
NAME	RIZZOLO, LOUIS
STREET ADDRESS	1783 NW SHORE TER
CITY-ST-ZIP	STUART, FL 34994
TITLE	STD
NAME	RIZZOLO, JAMES
STREET ADDRESS	910 NW 11TH TER
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: James Rizzolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 772-331-9700
Date Daytime Phone #