

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000093888

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: STRUZZIERI PROPERTIES, INC.

## Current Principal Place of Business:

500 NE 8 AVE  
OCALA, FL 344705345

## New Principal Place of Business:

319 MAIN ST  
SAUGERTIES, NY 124771330

## Current Mailing Address:

500 NE 8 AVE  
OCALA, FL 344705345

## New Mailing Address:

319 MAIN ST  
SAUGERTIES, NY 124771330

FEI Number: 59-3416753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMATEA, FRANK C  
500 NE 8 AVE  
OCALA, FL 344705345

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STRUZZIERI, THOMAS G  
Address: 319 MAIN ST  
City-St-Zip: SUAGERTIES, NY 124771330

Title: D (X) Delete  
Name: AMATEA, FRANK C  
Address: 500 NE 8 AVE  
City-St-Zip: OCALA, FL 344705345

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: STRUZZIERI, THOMAS G  
Address: 319 MAIN ST  
City-St-Zip: SUAGERTIES, NY 124771330

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS G STRUZZIERI

PRES

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date