## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 10, 2006 08:00 AN Secretary of State

<b>DOCUMENT # P97</b>	7በበር	107295	4

1. Entity Name

GUZCOM ENTERPRISES, INC.



Principal Place of Business

Mailing Address

5828 OLD WINTER GARDEN RD. ORLANDO, FL 32835

5828 OLD WINTER GARDEN RD. ORLANDO, FL 32835



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

No Chg-P 01302006 Applied For 4. FEI Number 59-3470910 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

JOHNSON, WILLIAM A 6767 N. WICKHAM ROAD SHITE ADDE

## DO NOT WRITE

MELBOURNE, FL 32940			IN THIS SPACE			
the obligati	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and little r	applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			The second secon	
THE NAME STREET ADDRESS CITY-ST-ZIP	D GUZZI, JOSEPH S 5828 OLD WINTER GARDEN ROAD ORLANDO, FL 32835				V20000 4000 0	
NAME STREET ADDRESS CITY-ST-ZIP	PST GUZZI, JOSEPH S 5828 OLD WINTER GARDEN ROAD ORLANDO, FL 32835				000000428512 02/21/06-80048-017 150.00	
TITLE NAME STREET ADDRESS CITY -ST -ZIP				DO	NOT WRITE	
NAME SIREET ADDRESS CITY-SI-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· .				
THEE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPE ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR