


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000072954
 1. Entity Name
 GUZCOM ENTERPRISES, INC.



Principal Place of Business Mailing Address
 5828 OLD WINTER GARDEN RD. 5828 OLD WINTER GARDEN RD.
 ORLANDO, FL 32835 ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3470910 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WILLIAM A
 6767 N. WICKHAM ROAD
 SUITE 400F
 MELBOURNE, FL 32940

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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 _____ (NOTE Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUZZI, JOSEPH S
STREET ADDRESS	5828 OLD WINTER GARDEN ROAD
CITY - ST - ZIP	ORLANDO, FL 32835
TITLE	PST
NAME	GUZZI, JOSEPH S
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CITY - ST - ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 02/21/06-80048-017 150.00

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: _____ 1/31/06 (407) 296-9959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #