


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000076538</b>					
1. Entity Name <b>PEZZANO LATHING, INC.</b>					
Principal Place of Business <b>5401 JAEGER RD. NAPLES FL 34109</b>			Mailing Address <b>5401 JAEGER RD. NAPLES FL 34109</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0777705</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PEZZANO, VINCENT R 780 27TH ST. N.W. NAPLES FL 34120</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PEZZANO, VINCENT	NAME			
STREET ADDRESS	780 27TH ST. N.W.	STREET ADDRESS			
CITY- ST- ZIP	NAPLES FL 34120	CITY- ST- ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RUSSETTO, A. DANIEL	NAME			
STREET ADDRESS	8416 MALLOW LANE	STREET ADDRESS			
CITY- ST- ZIP	NAPLES FL 34113	CITY- ST- ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DIPASCALE, JOSEPH	NAME			
STREET ADDRESS	3434 ANTON CT.	STREET ADDRESS			
CITY- ST- ZIP	NAPLES FL 34109	CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.					
SIGNATURE: _____				5/16/05 239-5948099	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0777705**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEZZANO, VINCENT R  
780 27TH ST. N.W.  
NAPLES FL 34120**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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**FILE NOW!!! FEE IS \$150.00**  
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9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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PEZZANO, VINCENT  
780 27TH ST. N.W.  
NAPLES FL 34120

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TITLE ☐ Delete  
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D  
RUSSETTO, A. DANIEL  
8416 MALLOW LANE  
NAPLES FL 34113

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000367658  
05/19/05-80004-015 150.00

TITLE ☐ Delete  
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #