


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED  
 05-08-2005 90115 008 \*\*\*150.00  
 P98000085067

**DOCUMENT # P98000085067**

1. Entry Name  
**DAZY OF MARCO, INC.**



05 MAY 30 PM 2:36

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*(Handwritten mark)*

Principal Place of Business  
**365 5TH AVE S STE 201  
 NAPLES, FL 34102**

Mailing Address  
**365 5TH AVE S STE 201  
 NAPLES, FL 34102**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**367 WEST MAIN ST.**  
 Suite, Apt. #, etc.

04282008 Chg-P CR88004 (10/03)

City & State  
**NORTON ROUGH, MA**

4. FEI Number  
**59-3567128**

Applied For  
 Not Applicable

Zip  
**01532**

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**CHEFFY, LOUIS W  
 821 6TH AVE S STE 201  
 NAPLES, FL 34102**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEB IS \$150.00  
 After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANTARAMIAN, JACK J</b> <b>368 6TH AVE S STE 201</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 register 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)* **JACK ANTARAMIAN** 4/28/05 508-393-2911

SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR DATE SYSTEM PHONE #