

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000099906

1. Entity Name
EZZI INSURANCE, INC.



FILED

05 SEP 20 10:32

SECRETARY OF STATE
TALLAHASSEE, FL 32399

Principal Place of Business
PORT CHARLOTTE
54B
PORT CHARLOTTE, FL 33952

Mailing Address
3280 54B TAMAMI TRAIL
PORT CHARLOTTE, FL 33952



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09152005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0883914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EZZI, DOMINIC
3280 54B TAMAMI TRAIL
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name Tyler J. Ezzi
Street Address (P.O. Box Number is Not Acceptable)
3280 Tamiami Trail Ste 54B
City Port Charlotte FL 33952

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

Tyler J. Ezzi

Tyler J. Ezzi

4/01/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME EZZI, DOMINIC
STREET ADDRESS 3280 54B TAMAMI TRAIL
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE O ☐ Delete
NAME TYLER, EZZI
STREET ADDRESS 3280 54B TAMAMI TRAIL
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☒ Change ☐ Addition
NAME Tyler J. Ezzi
STREET ADDRESS 3280 Tamiami Trail Ste 54B
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE Officer ☒ Change ☐ Addition
NAME Dominic Ezzi
STREET ADDRESS 3280 Tamiami Trail Ste 54B
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE ☐ Change ☐ Addition
NAME 600059795906
STREET ADDRESS 09/20/05--01071--002
CITY-ST-ZIP **\$61.25

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(i), 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:

Dominic Ezzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/01/05

941-607-9007