

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90092 045 \*\*\*150.00

<b>DOCUMENT # P99000015335</b> 1. Entity Name <b>RIZZO CONSTRUCTION, INC.</b>					
Principal Place of Business <b>5539 HUBER DRIVE ORLANDO, FL 32818</b>			Mailing Address <b>5539 HUBER DRIVE ORLANDO, FL 32818</b>		
2. Principal Place of Business <b>2714 Cloudcroft Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>2714 Cloudcroft Drive</b> Suite, Apt. #, etc.			
City & State <b>Apopka, FL</b> Zip Country <b>32703</b>		City & State <b>Apopka, FL</b> Zip Country <b>32703</b>		4. FEI Number <b>59-3226153</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04202005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>RIZZO, ANTHONY 5539 HUBER DRIVE ORLANDO, FL 32818</b>			7. Name and Address of New Registered Agent Name <b>Anthony Rizzo</b> Street Address (P.O. Box Number is Not Acceptable) <b>2714 Cloudcroft Drive</b> City <b>Apopka FL</b> Zip Code <b>32703</b>		
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RIZZO, ANTHONY</b> <b>5539 HUBER DR</b> <b>ORLANDO, FL 32818</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <b>Anthony Rizzo</b> <b>2714 Cloudcroft Drive</b> <b>Apopka, FL 32703</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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: <i>Anthony Rizzo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			429-05 <small>Date</small>		407-884-3517 <small>Daytime Phone #</small>

**50049856**

