

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L95924

**Entity Name:** 1220 INC.

**Current Principal Place of Business:**

1624 DALE MABRY HWY  
LUTZ, FL 33548

**Current Mailing Address:**

1624 DALE MABRY HWY  
LUTZ, FL 33548 US

**FEI Number:** 59-3024697

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

IZZO, JOSEPH A  
1624 DALE MABRY HWY  
LUTZ, FL 33548 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name IZZO, JOSEPH A  
Address 1624 DALE MABRY HWY  
City-State-Zip: LUTZ FL 33548

Title P  
Name IZZO, JOSEPH A  
Address 1624 DALE MABRY HWY  
City-State-Zip: LUTZ FL 33548

Title VP  
Name IZZO, JOSEPH A  
Address 1624 DALE MABRY HWY  
City-State-Zip: LUTZ FL 33548

Title SEC  
Name IZZO, JOSEPH A  
Address 1624 DALE MABRY HWY  
City-State-Zip: LUTZ FL 33558

Title TR  
Name IZZO, JOSEPH A  
Address 1624 DALE MABRY HWY  
City-State-Zip: LUTZ FL 33548

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH A IZZO

P VP S T

01/27/2023

Electronic Signature of Signing Officer/Director Detail

Date