

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # H34349 1. Entity Name COMFORT ZONE, INC.	
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Principal Place of Business 1014 SE 12TH COURT SUITE 5 CAPE CORAL, FL 33904 US	Mailing Address P.O. BOX 150490 CAPE CORAL, FL 33915 US
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2499550	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TROYER, LYNN 1911 SE 4TH ST. CAPE CORAL, FL 33990
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000076106 03/04/04-80013-021 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TROYER, LYNN 1911 SE 4TH ST. CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TROYER, SAM 1921 BOLADO PKWY CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TROYER, BARBARA 1911 S.E. 4TH ST CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:  LYNN TROYER 2/27/04 239-574-2327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #