


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90025 028 ***150.00

DOCUMENT # P03000070759

1. Entity Name
AZZ HOLDINGS, INC.



Principal Place of Business
2820 US 1 SOUTH
ST. AUGUSTINE, FL 32086

Mailing Address
2820 US 1 SOUTH
ST. AUGUSTINE, FL 32086

40047323



2. Principal Place of Business - No P.O. Box #
1835 U.S. Hwy. 1, South
 Suite, Apt. #, etc.
Suite 119-303
 City & State
St. Augustine, FL
 Zip
32084

3. Mailing Address
1835 U.S. Hwy. 1, South
 Suite, Apt. #, etc.
Suite 119-303
 City & State
St. Augustine, FL
 Zip
32084

02272008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
O'CONNELL, W. HENRY
2200 N. PONCE DE LEON BLVD.
SUITE 10
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2825 Lewis Speedway
Suite 104
 City
St. Augustine, FL Zip Code
32084

4. FEI Number
20-0049196

Applied For
 Not Applicable

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZITSMAN, CHARLES B 3521 KINGS ROAD SOUTH ST. AUGUSTINE, FL 32086 <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	SVD ANDREWS, JANE A 107 SHAMROCK ROAD ST. AUGUSTINE, FL 32086 <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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *J. Andrews* **3/13/08** **904-794-0011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #