



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90059 010 ***150.00

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # P92000004280 1. Entity Name M.Z.A., INC. | | | |  | |
| Principal Place of Business 6405 N. 50TH ST SUITE C TAMPA, FL 33610 US | | | | Mailing Address 6405 N. 50TH ST SUITE C TAMPA, FL 33610 US | |
| 2. Principal Place of Business 6703 PEMBERTON DR | | 3. Mailing Address 6703 PEMBERTON DR | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03112005 Chg-P CR2E034 (10/03) | |
| City & State SEFFNER FL | | City & State SEFFNER FL | | 4. FEI Number 59-3155262 | |
| Zip 33584 | | Country HILLSBOROUGH | | Applied For Not Applicable | |
| Zip 33584 | | Country HILLSBOROUGH | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CAZIN, ALBERT 500 WEST KENNEDY BLVD., STE. 101 TAMPA, FL 33602 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P MORHARD, ALBERT J 6703 PEMBERTON VIEW DR. SEFFNER, FL | <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 | VD ARMINGTON, HAROLD P 14526 NETTLE CREEK ROAD TAMPA, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10108 LINDELAAN TAMPA FL 33618 | |
| 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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| 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: <u><i>Albert J. Morhard</i></u> A. JOSEPH MORHARD <u>3/15/05</u> 813-246-7903 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |