## - - - 2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 27, 2007 08:00 A Secretary of State DOCUMENT # P97000074756 3 "Z" ENTERPRISES, INC. Principal Place of Business Mailing Address 16810 S. US HIGHWAY 441, #503 16810 S. US HIGHWAY 441, #503 SUMMERFIELD, FL 34491 SUMMERFIELD, FL 34491 03152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3464221 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARIO, JEFFREY P DO NOT WRITE 12435 CORTEZ BLVD STE 201 BROOKSVILLE, FL 34613 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 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ZYSEK, MICHAEL STEPHE NAME U00000737474 05/11/07-80029-013 150.00 STREET ADDRESS 3036 N CAVES VALLEY PATH CITY-ST-ZIP LECANTO, FL 34461 TITLE NAME ZYSEK, MICHAEL SCOTT STREET ADDRESS 11537 SW 50TH CIR OCALA, FL 34476 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE

12. Thereby certify that the Information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

NTED NAME OF SIGNING OFFICER OR DIRECTOR