


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90245 045 ***150.00

DOCUMENT # P97000079709

1. Entity Name
ANAZAOHEALTH CORPORATION



Principal Place of Business 5710 HOOVER BLVD. TAMPA, FL 33634 US	Mailing Address 5710 HOOVER BLVD. TAMPA, FL 3363 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
		33634	

20044356



01212005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3468608** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BECKEL, JACOB J
 5710 HOOVER BLVD.
 TAMPA, FL 33634

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 _____
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, 2005 Fee will be \$550.00

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


10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BECKEL, JACOB J	
STREET ADDRESS	5710 HOOVER BLVD.	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	PST	<input type="checkbox"/> Delete
NAME	ARNETTE, CHRISTOPHER A	
STREET ADDRESS	5710 HOOVER BLVD.	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.G.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKEL, JACOB J.	
STREET ADDRESS	5710 HOOVER BLVD.	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNETTE, CHRISTOPHER A.	
STREET ADDRESS	5710 HOOVER BLVD.	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	T.V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZARREKE, CHRISTOPHER M.	
STREET ADDRESS	5710 HOOVER BLVD.	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Chris M. Zarreke** **4-19-05** **813-882-4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #