
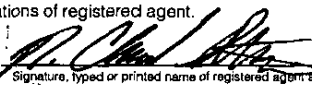



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90013 035 ***150.00

DOCUMENT # P98000006113					
1. Entity Name CENTRAL FLORIDA Z CLUB INC.					
Principal Place of Business 107 BRANDYWINE LN LONGWOOD, FL 32779		Mailing Address 107 BRANDYWINE LN LONGWOOD, FL 32779			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3534560	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent STEPHENS, CLARK 107 BRANDYWINE LN LONGWOOD, FL 32779				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				01162004 Chg-P CR2E034 (10/03)	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
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: 		N. CLARK STEPHENS, TREASURER		1/16/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHA, GERALD T		NAME	KENNETH CORDERO	
STREET ADDRESS	355 W. HIGHBANKS RD		STREET ADDRESS	260 FRANCES AVE	
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENSHIP, SCOTT		NAME	CHRIS DALLHOFF	
STREET ADDRESS	17526 COBBLESONTE LANE		STREET ADDRESS	440 LIVE OAK AVE	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, CLARK		NAME		
STREET ADDRESS	107 BRANDYWINE LANE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLEBOIS, RAY		NAME	CHERIE SNYDER	
STREET ADDRESS	801 WINNY PLACE #205		STREET ADDRESS	6305 BEGGS RD	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		N. CLARK STEPHENS		1/16/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 407-230-4242	