


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000080328</b> 1. Entity Name <b>RZ MANAGEMENT SERVICES INC.</b>	
--	---

Principal Place of Business <b>2709 SWAMP CABBAGE CT. #109, FORT MYERS FL 33901</b>	Mailing Address <b>P.O. BOX 07174 FT MYERS FL 33919</b>
--	--



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>65-0954786</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------------------------	---

6. Name and Address of Current Registered Agent  <b>ZAPIEC, ROBERT 8519 MANDERSTON CT FT MYERS FL 33912</b>
---

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--

**10. OFFICERS AND DIRECTORS**

TITLE	P <input type="checkbox"/> Delete	NAME <b>ZAPIEC, ROBERT</b> STREET ADDRESS <b>6361 ARAGON WAY APT 102</b> CITY-ST-ZIP <b>FORT MYERS FL 33912</b>
TITLE	<input type="checkbox"/> Delete	
TITLE	<input type="checkbox"/> Delete	
TITLE	<input type="checkbox"/> Delete	
TITLE	<input type="checkbox"/> Delete	
TITLE	<input type="checkbox"/> Delete	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

U00000039786  
02/09/04-80021-001 155.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_ **2/2/04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #