## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 26, 2004 08:00 AM Secretary of State **DOCUMENT # L66647** 1. Entity Name ZLD, INC. Mailing Address Principal Place of Business % JUDSON B. BAGGETT % JUDSON B. BAGGETT 6815 DAIRY ROAD **6815 DAIRY ROAD** ZEPHYRHILLS, FL 33540 ZEPHYRHILLS, FL 33540 01222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3001267 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAGGETT, JUDSON B. DO NOT WRITE 6815 DAIRY ROAD ZEPHYRHILLS, FL 33540 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 if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BAGGETT, JUDSON B. NAME 02/26/04-80051-014 150.00 STREET ADDRESS 6815 DAIRY RD ZEPHYRHILLS, FL CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

> FO NAME OF SIGNING OFFICER OR DIRECTOR ATURE AND TYPED OF

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