

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 251670

1. Entity Name
ZEPHYR EGG COMPANY



Principal Place of Business
**4622 GALL BLVD. (33542)
P.O. BOX 9005
ZEPHYRHILLS, FL 33539-9005 US**

Mailing Address
**4622 GALL BLVD. (33542)
P.O. BOX 9005
ZEPHYRHILLS, FL 33539-9005 US**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0927047 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LINVILLE, DANNY
4622 GALL BLVD.
ZEPHYRHILLS, FL 33542**

**DO NOT WRITE
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

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LINVILLE, LOIS
STREET ADDRESS 4622 GALL BLVD.
CITY-ST-ZIP ZEPHYRHILLS, FL 33542

TITLE VD
NAME LINVILLE, DANNY
STREET ADDRESS 4622 GALL BLVD.
CITY-ST-ZIP ZEPHYRHILLS, FL 33542

TITLE VSD
NAME LINVILLE, TERRY
STREET ADDRESS 4622 GALL BLVD.
CITY-ST-ZIP ZEPHYRHILLS, FL 33542

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000398054
01/19/06-80064-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

Terry Linville
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TERRY LINVILLE,
SEC.**

Date

1/5/06

Daytime Phone #

813-782-1521