

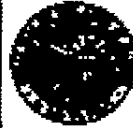
**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 405789**

1. Entity Name  
**ALZAHN, INC.**

Principal Place of Business  
**500 S. CYPRESS RD.  
POMPANO BEACH, FL 33060**

Mailing Address  
**500 S. CYPRESS RD.  
POMPANO BEACH, FL 33060**



**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1411176** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**ALLISON, WILLIAM S W  
500 S CYPRESS RD  
POMPANO BEACH, FL 33060**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ALLISON, WILLIAM S
STREET ADDRESS	500 S CYPRESS RD
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	VSD
NAME	ALLISON, SUE
STREET ADDRESS	500 S CYPRESS RD
CITY-ST-ZIP	POMPANO BCH, FL 33060

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: William S. W. Allison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 2004

254-781  
2668