


FILED
May 10, 2004 8:00 am
Secretary of State

04-26-2004 90500 025 ***100.00
 05-10-2004 90466 041 ****50.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 451012
 1. Entity Name
J. ZAHN & CO.



Principal Place of Business 29605 US 19 130 CLEARWATER, FL 33761	Mailing Address 29605 US 19 130 CLEARWATER, FL 33761
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24074110



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1526865	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 PEASE, THOMAS E
 29605 US 19 STE 130
 CLEARWATER, FL 33761

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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

000000124474 A.H.
 04/22/04 00047 002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ELLIS, NANCY 108 TALLENT LANE VONORE, TN 37885
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEASE, THOMAS E 29605 US 19 #130 CLEARWATER, FL 33761
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**DO NOT WRITE
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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 807, 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: Thomas E Pease TD PEASE 4/20/04 727-785-7460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #