


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State


04-22-2005 90261 025 ***150.00

DOCUMENT # 612897 1. Entity Name ZZYZY CORPORATION	
--	---

Principal Place of Business 905 SW 2ND AVENUE OKEECHOBEE, FL 34974-5215 US	Mailing Address 905 SW 2ND AVENUE OKEECHOBEE, FL 34974-5215 US
--	--

2. Principal Place of Business 711 NW 4TH AVENUE Suite, Apt. #, etc.	3. Mailing Address 711 NW 4TH AVENUE Suite, Apt. #, etc.
---	---

City & State OKEECHOBEE FL	City & State OKEECHOBEE FL
Zip 34972	Country US
Zip 34972	Country US

20040826

04202005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1889272	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent POWELL, CAROL A. 905 SW 2ND AVENUE OKEECHOBEE, FL 34974-5215	7. Name and Address of New Registered Agent Name J.A. Tootle Street Address (P.O. Box Number is Not Acceptable) 711 NW 4TH AVENUE City OKEECHOBEE FL Zip Code 34972
--	--

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 **J.A. Tootle** DATE **04/20/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWELL, CAROL A.		NAME 3542 COUNTY ROAD 7761	
STREET ADDRESS 905 SW 2ND AVENUE		STREET ADDRESS TROY, AL 36081-6729	
CITY-ST-ZIP OKEECHOBEE, FL 349745215		CITY-ST-ZIP (ADD ZIP) 34972	
TITLE DP	<input type="checkbox"/> Delete	TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOOTLE, JOSEPH A		NAME TOOTLE, JOSEPH A	
STREET ADDRESS 711 NW 4TH AVE		STREET ADDRESS 711 NW 4TH AVE	
CITY-ST-ZIP OKEECHOBEE, FL		CITY-ST-ZIP OKEECHOBEE, FL	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

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: **Carol A. Powell** **Carol A. Powell, Secretary** DATE **04/20/05** DAYTIME PHONE # **334-808-2614**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20040826
#612897
ATTACHMENT

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ZZYZY CORPORATION
2. The principal office address: 905 S.W. 2ND AVENUE
CREECHWASSEE, FL 34974-5215 US
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1979 Document number: 612897
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

POWELL, CAROL A.

905 SW 2ND AVENUE

CREECHWASSEE, FL 34974-5215 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

J. A. TOOTLE

711 N.W. 4TH AVENUE

(P.O. Box NOT acceptable)

CREECHWASSEE, FL 34972

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Carol A. Powell

(Signature of an officer or director)

Carol A. Powell, SECRETARY

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

J. A. Tootle

(Signature of Registered Agent)

04/20/05

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

To: Div. of Corp. **ATTACHMENT** 20040826
Re: FILING OF 2005 FOR PROFIT CORP. ANNUAL REPORT #612897
FOR YOUR REFERENCE ONLY -
ORIGINAL FILED IN **COVER LETTER**
AMENDMENT SECTION

TO: Amendment Section
Division of Corporations

SUBJECT: 22424 CORPORATION
(Name of corporation)

DOCUMENT NUMBER: 612897

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

~~22424 CORPORATION~~ J A TOOTLE
(Name of contact person)

22424 CORPORATION
(Firm/Company)

711 N.W. 4TH AVENUE
(Address)

ORLANDO FL 32802
(City/state and zip code)

For further information concerning this matter, please call:

J A TOOTLE at (863) 357-2738
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399