


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90024 029 \*\*\*150.00

<b>DOCUMENT # 833576</b>	
1. Entity Name <b>ZAHORIK COMPANY, INC.</b>	

Principal Place of Business <b>2700 E. FOOTHILL BLVD STE. 201 PASADENA, CA 91107 US</b>	Mailing Address <b>4333 EDGEWOOD ROAD N.E. CEDAR RAPIDS, IA 52402-6601</b>
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**24005922**



2. Principal Place of Business <b>150 E. Colorado Blvd. Suite/Apt. #, etc. <b>100</b></b>	3. Mailing Address <b>150 E. Colorado Blvd. Suite/Apt. #, etc. <b>100</b></b>
City & State <b>Pasadena, CA</b>	City & State <b>Pasadena, CA</b>
Zip <b>91105</b>	Country <b>USA</b>

01282004 Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP RUSSELL, RANDY 2700 E. FOOTHILL BLVD STE 201 PASADENA, CA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP Russell, Randy 150 E. Colorado Blvd, Ste. 100 Pasadena, CA 91105</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S TAZZA, P. RONALD 2700 E. FOOTHILL BLVD STE 201 PASADENA, CA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S Tazza, P. Ronald 150 E. Colorado Blvd, Ste. 100 Pasadena, CA 91105</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DT CLANCY, BRENDA K 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V BABCOCK, TED 2700 E. FOOTHILL BLVD STE 201 PASADENA, CA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V Babcock, Ted 150 E. Colorado Blvd, Ste. 100 Pasadena, CA 91105</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DASV VERMIE, CRAIG D. 4333 EDGEWOOD R., N. E. CEDER RAPIDS, IA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D BAIRD, PATRICK S. 433 EDGEWOOD RD N.E. CEDAR RAPIDS, IA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **1/29/04 626 792-0835**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **EX113**