

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 05, 2007 08:00 AM  
Secretary of State

DOCUMENT # F02000005239

1. Entity Name  
A+ TO Z (JMZ), INC.



Principal Place of Business  
24690 SANDHILL BLVD.  
SUITE 604 & 605  
PUNTA GORDA, FL 33983

Mailing Address  
24690 SANDHILL BLVD.  
SUITE 604 & 605  
PUNTA GORDA, FL 33983



02272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-1980008

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ZEHR, JULIE P-T  
24690 SANDHILL BLVD.  
SUITE 604 & 605  
PUNTA GORDA, FL 33983

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000654225  
03/13/07-80054-002 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTCD  
ZEHR, JULIE P-T  
24690 SANDHILL BLVD., SUITE 604 & 605  
PUNTA GORDA, FL 33983

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
ZEHR, MARK D  
24690 SANDHILL BLVD., SUITE 604 & 605  
PUNTA GORDA, FL 33983

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2<sup>nd</sup>/2007 941-166-7378