

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000001148

1. Entity Name
MZ RETAIL SERVICES, INC.



Principal Place of Business
4715 FREDERICK DR, S.W.
ATLANTA, GA 30336

Mailing Address
4715 FREDERICK DR, S.W.
ATLANTA, GA 30336



07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2503730

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 reinstating)

DATE

U00000789027

07/16/07-R0011-006 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE CP
NAME MILLER, HARMON B III
STREET ADDRESS 4715 FREDERICK DR, S.W.
CITY-ST-ZIP ATLANTA, GA 30336

TITLE D
NAME MILLER, HARMON B III
STREET ADDRESS 4715 FREDERICK DR, S.W.
CITY-ST-ZIP ATLANTA, GA 30336

TITLE DVPS
NAME SEEM, DAVID
STREET ADDRESS 4715 FREDERICK DR, S.W.
CITY-ST-ZIP ATLANTA, GA 30336

TITLE T
NAME SEEM, DAVID
STREET ADDRESS 4715 FREDERICK DR, S.W.
CITY-ST-ZIP ATLANTA, GA 30336

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

7/9/07

Date

404 526 4474

Daytime Phone #