


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000004771

1. Entity Name  
 MZ SERVICES, INC.



Principal Place of Business  
 1812 CURRY RD.  
 LUTZ, FL 33549

Mailing Address  
 1812 CURRY RD.  
 LUTZ, FL 33549



03162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 34-1880124

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

HALLOCK, MACY  
 1812 CURRY RD.  
 LUTZ, FL 33549

**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 obligation of registered agent.

SIGNATURE: *[Signature]* **President** DATE: **3/28/06**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HALLOCK, MACY 1812 CURRY RD. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP TYRLIK, ZBIGNIEW 1812 CURRY RD. LUTZ, FL 33549
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U00000486365  
 04/13/06-80034-017 150.00

**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 officers empowered.

SIGNATURE: *[Signature]* DATE: **03/22/2006** DAYTIME PHONE: **813-632-2988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR