

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F08046

1. Entity Name
ZEPHYRHILLS CONCESSIONS, INC.



Principal Place of Business
2738 GALL BLVD
ZEPHYRHILLS, FL 33556 US
33541

Mailing Address
PO BOX 996
ODESSA, FL 33556 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04192005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2686861	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SIERRA, CYNTHIA C
17420 CRAWLEY RD.
ZEPHYRHILLS, FL 33556
ODESSA

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD Delete
NAME SIERRA, TIM
STREET ADDRESS 8306 Jana Dr
CITY-ST-ZIP 17420 CRAWLEY RD.
ODESSA, FL 33556

TITLE SD Delete
NAME SIERRA, PIA
STREET ADDRESS 8306 Jana Dr
CITY-ST-ZIP 17420 CRAWLEY RD.
ODESSA, FL 33556

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/05 (813) 258-6726
Date Day/Time Phone #