

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F08046		
1. Entity Name ZEPHYRHILLS CONCESSIONS, INC.		

Principal Place of Business 2738 GALL BLVD ZEPHYRHILLS, FL 33556 US		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 33541	Country	Zip	Country
6. Name and Address of Current Registered Agent SIERRA, CYNTHIA C 17420 CRAWLEY RD. ZEPHYRHILLS, FL 33556		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Odessa City FL Zip Code 33556	

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90034 041 ***150.00

40011534



02072006 Chg-P CR2E034 (11/05)
4. FEI Number **59-2686861** Applied For
Not Applicable

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

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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD SIERRA, TIM 17420 CRAWLEY RD. ODESSA, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SD SIERRA, PIA 17420 CRAWLEY RD. ODESSA, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 **2/7/06** Daytime Phone # **(813)258-6726**