



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F08046</b> 1. Entity Name ZEPHYRHILLS CONCESSIONS, INC.	
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Principal Place of Business 2738 GALL BLVD ZEPHYRHILLS, FL 33541 US	Mailing Address PO BOX 996 ODESSA, FL 33556 US
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## DO NOT WRITE IN THIS SPACE



03062008	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-2686861		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SIERRA, CYNTHIA C 17420 CRAWLEY RD. ODESSA, FL 33556
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## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U000000852839  
03/26/08-80036-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SIERRA, TIM
STREET ADDRESS	17420 CRAWLEY RD.
CITY - ST - ZIP	ODESSA, FL
TITLE	SD
NAME	SIERRA, PIA
STREET ADDRESS	17420 CRAWLEY RD.
CITY - ST - ZIP	ODESSA, FL
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: <u>Pia Sierra</u>	Date: <u>3/6/08</u>	Daytime Phone #: <u>(813) 2586726</u>
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