

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90020 038 \*\*\*150.00

**DOCUMENT # F98000001035**



1. Entity Name  
**Z & S ASSOCIATES, INC.**

Principal Place of Business  
**13549 MAGNOLIA PARK CT.  
WINDERMERE, FL 34786-7413**

Mailing Address  
**13549 MAGNOLIA PARK CT.  
WINDERMERE, FL 34786-7413**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3508851**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MAIWANDI, SAL  
13549 MAGNOLIA PARK CT.  
WINDERMERE, FL 34786-7413**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MAIWANDI, SAL**  
STREET ADDRESS **13549 MAGNOLIA PARK CT.**  
CITY-ST-ZIP **WINDERMERE, FL 347867413**

TITLE **D** ☐ Delete  
NAME **MAIWANDI, ZARI**  
STREET ADDRESS **13549 MAGNOLIA PARK CT.**  
CITY-ST-ZIP **WINDERMERE, FL 347867413**

TITLE **S** ☐ Delete  
NAME **GEMSHIMER, SUSAN**  
STREET ADDRESS **13549 MAGNOLIA PK COURT**  
CITY-ST-ZIP **WINDERMERE, FL 347867413**

TITLE **S** ☐ Delete  
NAME **CHRISTIAN, SABRINA**  
STREET ADDRESS **13549 MAGNOLIA PK CT**  
CITY-ST-ZIP **WINDERMERE, FL 347867413**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

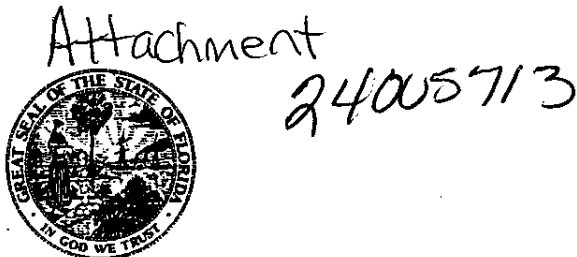
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04

Date

4076167659

Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 21, 2004

Z & S ASSOCIATES, INC.  
13549 MAGNOLIA PARK CT.  
WINDERMERE, FL 34786-7413

SUBJECT: Z & S ASSOCIATES, INC.  
Ref. Number: F98000001035

We have received your document for Z & S ASSOCIATES, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 904A00003603