

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H34349

FILED
Apr 03, 2007
Secretary of State

Entity Name: COMFORT ZONE, INC.

Current Principal Place of Business:

1009 SE 12 PL
SUITE 6
CAPE CORAL, FL 33904 US

New Principal Place of Business:

1009 SE 12 PL
SUITE 6
CAPE CORAL, FL 33990 US

Current Mailing Address:

P.O. BOX 150490
CAPE CORAL, FL 33915 US

New Mailing Address:

FEI Number: 59-2499550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TROYER, LYNN
1911 SE 4TH ST.
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TROYER, LYNN,
Address: 1911 SE 4TH ST.
City-St-Zip: CAPE CORAL, FL 33990

Title: V () Delete
Name: TROYER, SAM
Address: 4102 SE 3RD AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: ST () Delete
Name: TROYER, BARBARA,
Address: 1911 S.E. 4TH ST
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN TROYER

P

04/03/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date