## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT # H38540** 

1. Entity Name **OZ CORPORATION** 



**FILED** Apr 09, 2004 08:00 AM
—Secretary of State

Principal Place of Business

3701 SW COQUINA WAY

**UNIT 105** PALM CITY, FL 34990 US Mailing Address

3701 SW COQUINA WAY **UNIT 105** 

PALM CITY, FL 34990 US



CR2E034 (10/03) 04062004 No Chg-P

DO	NOT	WRITE	IN THIS	SPACE
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4. FEI Number	Applied For	
59-2484083		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional

6. Name and Address of Current Registered Agent

HABERLAND, BERNHARD L. 5068 SW ORCHID BAY DRIVE PALM CITY, FL 34990

SIGNATURE:

## 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Flogistered Agent aignature required when remaining)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing []	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HABERLAND, BERNHARD L. 5068 SW ORCHID BAY DRIVE PALM CITY, FL 34990							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE 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 fegal 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.								