


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # J70179 1. Entity Name ZAYNE PROPERTIES, INC. |  |
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| Principal Place of Business 2305 SE 8TH STREET OCALA, FL 34471 | Mailing Address 2305 SE 8TH STREET OCALA, FL 34471 |
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2814998 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent ZAYNE, MATHEW 2305 SE 8TH ST. OCALA, FL 34471 |
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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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP | ST ZAYNE, PAMELA 2305 SE 8TH STREET OCALA, FL 34471 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ZAYNE, MATTHEW 2305 SE 8TH STREET OCALA, FL 34471 |
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01/14/04-80005-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Pamela Layne / Pamela Zayne 1/9/04 (352) 840-0051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #