


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J76450</b> 1. Entity Name <b>Z-DOC'S SALES AND SERVICE, INC.</b>			
Principal Place of Business <b>913 E. FLETCHER AVENUE TAMPA, FL 33612 US</b>		Mailing Address <b>1220 W. FLETCHER AVENUE TAMPA, FL 33612 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>DO NOT WRITE IN THIS SPACE</b>		01052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-2953546</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BACHMAN, KAREN COPE 1220 W. FLETCHER AVENUE TAMPA, FL 33612</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  1000000003797 01/13/04-80071-015 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACHMAN, BRENT F 1220 W. FLETCHER AVENUE TAMPA, FL 33612		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BACHMAN, KAREN COPE 1220 W. FLETCHER AVENUE TAMPA, FL 33612		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: <i>Karen C. Bachman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/8/04 813-977-2626 Date Daytime Phone	