# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/5

**FILED**
**Aug 05, 2005 8:00 am**
**Secretary of State**
07-05-2005 90224 009 ***150.00
08-05-2005 90003 036 ***400.00

**50060115**

06272005 – Chg-P – – – CR2E034 (10/03) – – –

DOCUMENT # J89509

1. Entity Name
A TO Z LANDSCAPING OF NORTHWEST FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 325 LEAH MILLER DR<br>FT. WALTON BEACH, FL 32548 US | 325 LEAH MILLER DR<br>FT. WALTON BEACH, FL 32548 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 12 Cambridge Ave. | 12 Cambridge Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Ft. Walton Beach, FL. | City & State: Ft. Walton Beach, FL. |
| Zip: 32547 Country | Zip: 32547 Country |

4. FEI Number: 59-2834639 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ZISHKA, ALLAN D.
325 LEAH MILLER DRIVE
FT. WALTON BEACH, FL 32548

**7. Name and Address of New Registered Agent**

Name: Allan D. Zishka
Street Address (P.O. Box Number is Not Acceptable): 12 Cambridge Ave.
City: Ft. Walton Beach FL Zip Code: 32547

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: Allan D. Zishka Allan D. Zishka 6/22/2005
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**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ZISKHA, ALLAN D.<br>920 POCAHONTAS<br>FT. WALTON BEACH, FL | ☐ Delete | D.<br>Allan D. Zishka<br>12 Cambridge Ave.<br>Ft. Walton Beach, FL. | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ZISHKA, AMY M<br>1495 HICKORY STREET<br>NICEVILLE, FL | ☐ Delete | D.<br>Amy M. Zishka<br>12 Cambridge Ave.<br>Ft. Walton Beach, FL. | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** Allan D. Zishka 6/22/2005 850-585-6794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #