

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J89509

1. Entity Name

A TO Z LANDSCAPING OF NORTHWEST FLORIDA, INC.



Principal Place of Business

12 CAMBRIDGE AVE
FORT WALTON BEACH, FL 32547 US

Mailing Address

12 CAMBRIDGE AVE
FORT WALTON BEACH, FL 32547 US

FILED
Aug 18, 2008 08:00 AM
Secretary of State



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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.
12 CAMBRIDGE AVE
FORT WALTON BEACH, FL 32547

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZISKHA, ALLAN D.
STREET ADDRESS	12 CAMBRIDGE AVE
CITY-ST-ZIP	FT WALTON BEACH, FL
TITLE	D
NAME	ZISKHA, AMY M
STREET ADDRESS	12 CAMBRIDGE AVE
CITY-ST-ZIP	FT WALTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000957806
08/18/08-80003-008 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Allan D. Zishka Allan D. Zishka 8/12/2008 850 585 6794