


# 2009 ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT #** 589509

**1. Corporation Name**

A-Z Landscaping of N.W. FL. INC.

**2. Principal Office Address - No P.O. Box #**

12 Cambridge Ave.

Suite, Apt. #, etc.

**3. Mailing Office Address**

12 Cambridge Ave.

Suite, Apt. #, etc.

**City & State**

FT. Walton Beach, FL.

**City & State**

FT. Walton Beach, FL.

**Zip**

32547

**Country**

USA

**Zip**

32547

**Country**

USA

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

**Name**

Allan Zishka

**Street Address (P.O. Box Number is Not Acceptable)**

12 Cambridge Ave.

Suite, Apt. #, Etc.

**City**

FT. Walton Beach

**State**

FL

**Zip Code**

32547

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of Registered Agent**

Allan Zishka

**Date**

4/27/2009

REGISTERED AGENT MUST SIGN

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Allan Zishka	12 Cambridge Ave.	FT. Walton Beach, FL. 32547
Sec.	Amy Zishka	12 Cambridge Ave.	FT. Walton Beach, FL. 32547

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

Allan Zishka Allan Zishka

4/27/2009 850.585.6794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 APR 30 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400154397514

04/30/09--01022--020 \*\*150.00

CR2E081 (12/08)

**4. Date Incorporated or Qualified To Do Business in Florida**

1985

**5. FEI Number**

59-2834639

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required for a Certificate of Status