2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 17, 2005 8:00 am Secretary of State DOCUMENT # J97622 1. Entity Name 03-17-2005 90015 036 ***150.00 RAY ZAGER & COMPANY Principal Place of Business Mailing Address 3322 CASSEY ISLAND RD. 3322 CASSEY ISLAND RD. #104 #104 JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address 17175 17175 BAY BAY SCREET Suite, Apt. #, etc CR2E034 (10/04) JUPITER JUPITER City & State City & State 4. FEI Number Applied For 59-2852012 Not Applicable Country V S Zip Zip 33477 \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33477 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZAGER, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 3322 CASSEEKEY ISLAND RD: 17175 BAY ST JUPITER FL 33477 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE 👿 Change □ Delete TITLE ZAGERIRAYMOND ZAGER, RAYMOND NAME NAME 17175 BAY ST 3322 CASSEEKEY ISLAND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP Addition 1111 F Delete MADALYN NAME ZAGER, MADALYN NAME 17175 BAY ST 3922-CASSEEKEY ISLAND-RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP JUPITER FL 33477 CITY-ST-7IP Change ☐ Addition THILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FICER OR DIRECTOR

FILED

Daytime Phone #