


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000014716 1. Entity Name THE HAPPY ZAPPER, LLC	
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Principal Place of Business 200 SECOND AVE. SOUTH #208 ST. PETERSBURG, FL 33701	Mailing Address 200 SECOND AVE. SOUTH #208 ST. PETERSBURG, FL 33701
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DO NOT WRITE IN THIS SPACE



03242005 No Chg- LLC

CR2E083 (10/03)

4. FEI Number 56-2281818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SLAGHT, CATHY D 725 4TH STREET NORTH ST. PETERSBURG, FL 33701

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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 Cathy D Slaughter (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR SLAGHT, CATHY D 725 4TH STREET NORTH ST. PETERSBURG, FL 33701
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Cathy D Slaughter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE _____ Daytime Phone # _____