


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L32080</b> 1. Entity Name <b>N &amp; Z CORPORATION</b>	
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Principal Place of Business <b>6119 THOMAS CIRCLE</b> <b>LAND O' LAKES, FL 34638 US</b>	Mailing Address <b>PO BOX 1438</b> <b>LAND O' LAKES, FL 34639 US</b>
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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2985681</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**NETTERFIELD, ANNE M**  
**6119 THOMAS CIRCLE**  
**LAND O' LAKES, FL 34639**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NETTERFIELD, ANNE M. 6119 THOMAS CIRCLE LAND O' LAKES, FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ZAITSHIK, MELISSA K. 18312 TURNING POINT DRIVE LUTZ, FL 33539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REED, PEGGY 3909 LAKE PADGITT DRIVE LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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05/02/07-80035-017 150.00

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** Anne M. Netterfield **Anne M Netterfield** 4/19/07 813-335-4353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #