


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L54642</b>	
1. Entity Name <b>ZEFON INTERNATIONAL, INC.</b>	
	
Principal Place of Business <b>% RUSSELL MANTZ 2860 23RD AVENUE NORTH ST. PETERSBURG, FL 33713-4211</b>	Mailing Address <b>% RUSSELL MANTZ 2860 23RD AVENUE NORTH ST. PETERSBURG, FL 33713-4211</b>



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2997304</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MANTZ, RUSSELL 2860 23RD AVENUE NORTH ST. PETERSBURG, FL 33713</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MANTZ, RUSSELL 2860 23RD AVE. NORTH ST. PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MANTZ, JEANNE 2860 23RD AVE NORTH ST. PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RYAN, SCOTT 5350 SW FIRST LANE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANTZ, JEFFREY 5350 SW FIRST LN OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000293224  
04/11/05-80100-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Jeanne Mantz* *Jeanne mantz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/05 727-327-5449