


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M65480</b> 1. Entity Name <b>ZAHARIAS ENTERPRISES, INC.</b>	
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Principal Place of Business <b>C/O HARRY ZAHARIAS 3945 A1A SOUTH SAINT AUGUSTINE BEACH FL 32080</b>	Mailing Address <b>C/O HARRY ZAHARIAS 3945 A1A SOUTH SAINT AUGUSTINE BEACH FL 32080</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-2869080</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip
		Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent  <b>ZAHARIAS, HARRY 3945 A1A SOUTH ST. AUGUSTINE BEACH FL 32084</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>ZAHARIAS, HARRY 1297 SR 206 SAINT AUGUSTINE FL 32086</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000426125 02/20/06-80029-021 150.00</b>
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** HARRY ZAHARIAS, PRESIDENT, 2/7/2006, (904)471-4799  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #