


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # M77691 1. Entity Name S & Z CONCESSIONS, INC. |  |
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| Principal Place of Business % LESLIE ZACCHINI 1208 N. ORANGE AVE. SARASOTA, FL 34236 | Mailing Address % LESLIE ZACCHINI 1208 N. ORANGE AVE. SARASOTA, FL 34236 |
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01142005 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 65-0044218 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ZACCHINI, LESLIE
 1208 N. ORANGE AVE.
 SARASOTA, FL 34236

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|---|--|------------------------------------|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | U00000197280 01/27/05-80095-011 150.00 |
|---|--|------------------------------------|---|

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZACCHINI, LESLIE 8204 LONGBAY BLVD. SARASOTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZACCHINI, TEO L. 8204 LONGBAY BLVD. SARASOTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 other like empowered.

SIGNATURE: *Leslie Zacchini* 1-18-05 941-809-4189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #