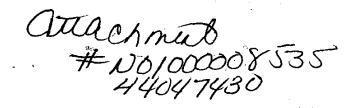
ANNUAL REPORT

FILED Jul 08, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # NO100000	•		Secretary of State 07-08-2004 90186 021 ****61.25
Principal Place 38621 CALV ZEPHYRHILL	IN STREET	Mailing Address 38621 CALVIN STREET ZEPHYRHILLS, FL 335		
2. Principal P	lace of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06302004 Chg-NP CR2E037 (10/03)
City & State		City & State		4. FEI Number Applied For
Zip	· Country	Zip	Country	61-1605333 Not Applicable 5. Certificate of Status Desired S8.75 Additional
	6. Name and Address of Current	Registered Agent	L	5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent
ZEPHYRH	VIN STREET ILLS, FL 33541		Street Addres	ss (P.O. Box Number is Not Acceptable) St. Calvia ST. hyvhills, FL Zip Code 3:3342
	named entities of this statement from the statement	n and title if applicable. (NO. 9, Election Ca	TE: Registered Agent signature req	\$5.00 May Be Make check payable to
10.	ue by September 8, 2004 OFFICERS AND D		Contribution.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYT, GENE R 7018 EL TORO STREET ZEPHYRHILLS, FL 33540	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP	VD FARRINGTON, RICHARD J 3246 OSAGE DRIVE #213 ZEPHYRHILLS, FL 33541	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACOBUS; HENRY L 4405 STILLMAN STREET ZEPHYRHILLS, FL 33540	Delete	TITLE 57 NAME G STREET ADDRESS 55 CITY-ST-ZIP ZE	avy h. Baldus 239 Epping Ln. 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARBER, BOBBY J 38621 CALVIN STREET ZEPHYRHILLS, FL 38541	Î X Delete		M Change Addition The Leack. PERICALVINE PT. LARYTH HILL. TARYTHIS FL. 33 541
TITLE NAME STREET ADDRESS CRIV-ST-ZIP	Title of the section and the first	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Detete many	~	☐ Change ☐ Addition
12. I hereby indicated of the corchanged	URE: OVO Q	th this filing does not qualify for the and accurate and that sowered to execute this report with all at her like empowered to the present of		n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if



To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if <u>different</u> from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # K36526

ZONARI, INC. % MARY SCALZO 526 BELVEDERE ROAD WEST PALM BEACH FL 33405-1229 Mail Report to:

ZONARI INC. 90 MARY SCALZO 526 Belvedere Rd WPB FL 33405-

1229



CR2E095 4/04

7-1-04
I DID not Receive
1 -
anething From your office
until now. Enclosed is the
Post Card, FORM, Check.
Mary Scalo
1 Pres,0