# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 30, 2005**
**Secretary of State**

DOCUMENT# N03000006879

**Entity Name:** Z-WAD II, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 136
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

1519 DORY LANE
SOUTHPORT, FL 32409

**Current Mailing Address:**

POST OFFICE BOX 136
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANIEL, JOHN F
1519 DORY LANE
SOUTHPORT, FL 32409 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete
Name: DANIEL, JOHN F
Address: 1519 DORY LANE
City-St-Zip: SOUTHPORT, FL 32409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. DANIEL PSTD 01/30/2005
Electronic Signature of Signing Officer or Director — Date