


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N18180 1. Entity Name FLYING Z ACRES ASSOCIATION, INC.	
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Principal Place of Business 12055 GANDY BLVD N #253 ST PETERSBURG, FL 33702	Mailing Address 12055 GANDY BLVD N #253 ST PETERSBURG, FL 33702
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2770356	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

ZABLOCKI, CAROLYN P.
 12055 GANDY BLVD N #253
 ST PETERSBURG, FL 33702

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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: Carolyn Zablocki Carolyn P Zablocki 4/4/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZABLOCKI, CAROLYN P. 12055 GANDY BLVD N #253 ST PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZABLOCKI, KENNETH M. 12055 GANDY BLVD N #253 ST PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZABLOCKI, GORDON 172 N.E. 872 ST OLDTOWN, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/19/07-80003-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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: Carolyn P. Zablocki Carolyn P Zablocki 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

727-576-3848