

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90094 016 \*\*\*150.00

**DOCUMENT # P00000010728**

1. Entity Name

Z.Z.W., INC.



Principal Place of Business

117 SE 8TH AVENUE  
OKEECHOBEE FL 34974  
US

Mailing Address

908 N.W. 3RD STREET  
OKEECHOBEE FL 34972

2. Principal Place of Business

3. Mailing Address

436 SE 16th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Okeechobee, FL

Zip

Country

Zip  
34974

Country  
US

4. FEI Number

65-0980082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHORTER, THOMAS A JR.  
908 N.W. 3RD STREET  
OKEECHOBEE FL 34972

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Kathy Shorter, Secretary*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE PD ☐ Delete  
NAME SHORTER, THOMAS A JR.  
STREET ADDRESS 908 N.W. 3RD STREET  
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE STD ☐ Delete  
NAME SHORTER, KATHRYN L  
STREET ADDRESS 908 N.W. 3RD STREET  
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 436 SE 16th Ave.  
CITY-ST-ZIP Okeechobee, FL 34974

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 436 SE 16th Ave  
CITY-ST-ZIP Okeechobee, FL 34974

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*Kathy Shorter, Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/04 863-763-1399