

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90343 050 ***150.00

DOCUMENT # P00000031376

1. Entity Name
J. Z. & SON TRIM, INC.



Principal Place of Business
13194 ESTER DR
BROOKSVILLE, FL 34613

Mailing Address
13194 ESTER DR
BROOKSVILLE, FL 34613

14001151



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02252004 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
59-3661524

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAPPA, JOHN J
13194 ESTER DR
BROOKSVILLE, FL 34613

7. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ZAPPA, JOHN J	
STREET ADDRESS	13194 ESTER DR	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAPPA, CINDY L	
STREET ADDRESS	13194 ESTER DR	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAPPA, TYLER M	
STREET ADDRESS	12490 TAFT STREET	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, RYAN	
STREET ADDRESS	13122 ADAMS STREET	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Cindy Zappa - Cindy Zappa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 (352) 597-3664
Date Daytime Phone #