

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90006 025 ***150.00

DOCUMENT # P00000048391

1. Entity Name

PINEY-Z OF TALLAHASSEE INC.



Principal Place of Business

2811-E INDUSTRIAL PLAZA DR
TALLAHASSEE, FL 32301

Mailing Address

2811-E INDUSTRIAL PLAZA DR
TALLAHASSEE, FL 32301

44004827



01052004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3655245

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAZVINI, MEHRDAD
2811-E INDUSTRIAL PLAZA DR
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(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 P
NAME HAZVINI, MEHRDAD
STREET ADDRESS 6000 BOYNTON HOMESTEAD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VD
NAME ASBURY, THOMAS B
STREET ADDRESS 3424 DORCHESTER DT
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ST
NAME HAZVINI, HOSSEIN
STREET ADDRESS 4515 HIGH GROVE RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME HAZVINI, BEHZAD
STREET ADDRESS 7516 PRESERVATION RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME HAZVINI, MEHRAN
STREET ADDRESS 2910 ROYAL PALM WAY
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hossein Hazvini

1/21/04 (850) 402-1111

Date

Daytime Phone #