

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90356 007 \*\*\*150.00

**DOCUMENT # P00000106656**

1. Entity Name  
RZM, INC.



Principal Place of Business  
10319 KEY LANTERN DRIVE  
NEW PORT RICHEY, FL 33654

Mailing Address  
10319 KEY LANTERN DRIVE  
NEW PORT RICHEY, FL 33654



03032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3696062

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

STAVESKI, MICHAEL J  
10319 KEY LANTERN DRIVE  
NEW PORT RICHEY, FL 33654

**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, 2006 Fee will be \$550.00**

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	P STAVESKI, MICHAEL 10319 KEY LANTERN DR NEW PORT RICHEY, FL 33654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STAVESKI, RAYMOND 2229 LEMA DR SPRINGHILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDRE, ZITA 8515 BLIND PASS DR TREASURE ISLAND, FL 33700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*x* 325-06 727 865-9577