

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90008 032 ***158.75

DOCUMENT # P01000051630

1. Entity Name

ZZAAZZ, INC.



Principal Place of Business

125 HICKORY CREEK BLVD.
BRANDON FL 33511-8065

Mailing Address

125 HICKORY CREEK BLVD.
BRANDON FL 33511-8065



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1135985

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROCKEFELLER, BEVERIDGE J
125 HICKORY CREEK BLVD
BRANDON FL 33511

(Same)

7. Name and Address of New Registered Agent

Name

Rockefeller, Beveridge J

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

125 Hickory Creek Blvd

City

Brandon

FL

Zip Code

33511-8065

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

Beveridge J Rockefeller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 ☐ Delete
NAME ST
STREET ADDRESS ROCKEFELLER, JANET D
CITY-ST-ZIP 125 HICKORY CREEK BLVD.
BRANDON FL 33511-8065

TITLE ☐ Delete
NAME P
STREET ADDRESS ROCKEFELLER, BEVERIDGE J
CITY-ST-ZIP 125 HICKORY CREEK BLVD
BRANDON FL 33511-8065

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
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 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:

Beveridge J Rockefeller

Beveridge J Rockefeller

1/23/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone