2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000085797

1. Entity Name
NLZ, INC.

Principal Place of Business	Mailing Address
5630 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652	5630 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

03112008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3755230	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

KRUG, ROBERT ESQ.
4010 BOY SCOUT BLVD., STE. 590
TAMPA, FL 33607

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 _____   DATE
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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
NAME	LESNIAK, NANCY
STREET ADDRESS	4673 AYLESFORD DR.
CITY-ST-ZIP	PALM HARBOR, FL 34685

TITLE	–
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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05/06/08-80074-014 150.00

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: _Nancy Lesniak_ Nancy Lesniak 4/18/08   727-841-8859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #