

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90304 013 ***158.75

DOCUMENT # P02000018219

1. Entity Name
SERVICE ZONE HOLDINGS, INC.



Principal Place of Business
**3959 VAN DYKE ROAD
#365
LUTZ, FL 33558**

Mailing Address
**3959 VAN DYKE ROAD
#365
LUTZ, FL 33558**

2. Principal Place of Business
1152 SW. Business Pointe Dr.

3. Mailing Address
**3102 West End Ave
900**

City & State
Lake City, FL

City & State
Nashville TN

Zip
32025

Country
US

Zip
37203

Country
US

03182004 Chg-P CR2E034 (10/03)



6. Name and Address of Current Registered Agent
**GOODWIN, JAMES W ESQ.
400 N. TAMPA STREET
SUITE 2300
TAMPA, FL 33602**

7. Name and Address of New Registered Agent
Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
City
Plantation FL Zip Code
33324

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 **Curt Kreisel** **Curt Kreisel, Asst. Secretary** **4/5/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input checked="" type="checkbox"/> Delete	TITLE	Director / President / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANNETTE HAYES, SHARILYN		NAME	David E. Garner	
STREET ADDRESS	3959 VAN DYKE ROAD #365		STREET ADDRESS	3102 West End Ave #900	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	Nashville TN 37203	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Director / Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANNETTE HAYES, SHARILYN		NAME	Paul R. Stone	
STREET ADDRESS	3959 VAN DYKE ROAD #365		STREET ADDRESS	3102 West End Ave #900	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	Nashville TN 37203	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN HAYES, TIMOTHY		NAME	Chad Carlson	
STREET ADDRESS	3959 VAN DYKE ROAD #365		STREET ADDRESS	3102 West End Ave #900	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	Nashville TN 37203	
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAJN, GARY		NAME	Craig Jentzi	
STREET ADDRESS	1971 W. LUMSDEN ROAD #104		STREET ADDRESS	3102 West End Ave #900	
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP	Nashville TN 37203	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Terrence Leve Sr.	
STREET ADDRESS			STREET ADDRESS	3102 West End Ave #900	
CITY-ST-ZIP			CITY-ST-ZIP	Nashville TN 37203	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Craig Jentzi** **3/18/04** **615-301-7113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #