

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000018219

1. Entity Name
SERVICE ZONE HOLDINGS, INC.



Principal Place of Business
**1152 SW BUSINESS POINTE DR.
LAKE CITY, FL 32025 US**

Mailing Address
**3102 WEST END AVE
900
NASHVILLE, TN 37203 US**

DO NOT WRITE IN THIS SPACE



05042007 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3604933

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPCE
GARNER, DAVID E
3102 WEST END AVE #900
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
STONE, PAUL R
3102 WEST END AVE #00
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JANTZI, CRAIG
3102 WEST END AVE #900
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LEVE, TERRENCE SR
3102 WEST END AVE #900
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000763997
05/30/07-80038-004 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #