

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066162

Entity Name: ZEPHYRHILLS UNDER PAR, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

39248 B AVE
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

19601 BRUCE B DOWNS BLV
TAMPA, FL 33647

New Mailing Address:

FEI Number: 05-0463675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOI, FUMI
39248 B AVE
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VRD () Delete
Name: SWEET, JEFF
Address: 37843 KOSSIK RD.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: S () Delete
Name: HUSAR, JOHN
Address: 8136 HAMSTER DR.
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: PDT () Delete
Name: FUMI, DOI
Address: 39248 B AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FUMI DOI

PDT

04/13/2009

Electronic Signature of Signing Officer or Director

Date