

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089864

Entity Name: A TWO Z SERVICES INC

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

6438 MONTCLAIR BLUFF LANE
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

PO BOX 2316
EATONVILLE, FL 32751

New Mailing Address:

FEI Number: 22-3865025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, SHANDA
200 WEST AVENUE APT 13
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

MCKNIGHT, RAYNETTE
6438 MONTCLAIR BLUFF LANE
WINDERMERE, FL 34786 US

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: RAYNETTE MCKNIGHT

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCKNIGHT, LOIS
Address: 6438 MONTCLAIR BLUFF LANE
City-St-Zip: WINDERMERE, FL 34786

Title: V () Delete
Name: MCKNIGHT, BARRY
Address: 6438 MONTCLAIR BLUFF LANE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: BARRY MCKNIGHT

VP

04/30/2004

Electronic Signature of Signing Officer or Director

Date