## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000130830

Entity Name: Z & L GAFFORD, INC.

FILED May 05, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

300 NE 31ST STREET 225 SW 46TH STREET CAPE CORAL, FL 33909 CAPE CORAL, FL 33914

**Current Mailing Address: New Mailing Address:** 

300 NE 31ST STREET 225 SW 46TH STREET CAPE CORAL, FL 33914 CAPE CORAL, FL 33909

FEI Number: 81-0587591 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

GAFFORD, ZACH GAFFORD, ZACH 300 NE 1ST STREET 225 SW 46TH STREET CAPE CORAL, FL 33909 CAPE CORAL, FL 33914

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: ZACH GAFFORD 05/05/2004

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change ( ) Addition GAFFORD, ZACH GAFFORD, ZACH Name: Name: 300 NE 31ST STREET 225 SW 46TH STREET Address: Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: CAPE CORAL, FL 33914

( ) Delete Title: Title: (X) Change ( ) Addition

GAFFORD, LISA Name: Name: GAFFORD, LISA 300 NE 31ST STREET Address: 225 SW 46TH STREET Address: CAPE CORAL, FL 33909 CAPE CORAL, FL 33914 City-St-Zip: 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: LISA GAFFORD D 05/05/2004