

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130830

Entity Name: Z & L GAFFORD, INC.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

225 SW 46TH STREET
CAPE CORAL, FL 33914

New Principal Place of Business:

844 SE 9TH STREET
UNIT A
CAPE CORAL, FL 33990

Current Mailing Address:

225 SW 46TH STREET
CAPE CORAL, FL 33914

New Mailing Address:

844 SE 9TH STREET
UNIT A
CAPE CORAL, FL 33990

FEI Number: 81-0587591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAFFORD, ZACH
225 SW 46TH STREET
CAPE CORAL, FL 33914 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: D () Delete
Name: GAFFORD, ZACH
Address: 225 SW 46TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: GAFFORD, LISA
Address: 225 SW 46TH STREET
City-St-Zip: CAPE CORAL, FL 33914

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: ZACH GAFFORD

D

04/22/2005

Electronic Signature of Signing Officer or Director

Date