

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90002 040 ***150.00

DOCUMENT # P02000134468 1. Entity Name ZAG ADVERTISING COMMUNICATIONS, INC.			
Principal Place of Business 8716 BRIERWOOD RD. JACKSONVILLE, FL 32217		Mailing Address 8716 BRIERWOOD RD. JACKSONVILLE, FL 32217	
2. Principal Place of Business 8850 Goodbys Exec. Dr. Suite, Apt. #, etc. Suite A City & State Jacksonville FL Zip 32217		3. Mailing Address 8850 Goodbys Exec. Dr. Suite, Apt. #, etc. Suite A City & State Jacksonville FL Zip 32217	
06142004 Chg-P CR2E034 (10/03)		4. FEI Number 02-0657203	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHERF, JONATHAN H 8716 BRIERWOOD RD. JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name Jonathan H. Scherf Street Address (P.O. Box Number is Not Acceptable) 8547 San Jose Blvd. City Jacksonville FL Zip Code 32217	
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 <i>X Jonathan H. Scherf</i> DATE 6/14/04 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME DAVIS, RICHARD L STREET ADDRESS 8716 BRIERWOOD RD. CITY-ST-ZIP JACKSONVILLE, FL 32217	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete NAME SCHERF, JONATHAN H CEO STREET ADDRESS 8547 SAN JOSE BLVD CITY-ST-ZIP JACKSONVILLE, FL 32217	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>X Jonathan H. Scherf</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 6/14/04 Daytime Phone # 904 733-2441	