

FOR PROFIT CORPORATION ANNUAL REPORT

FILED

11 JUN 29 AM 7:15

PAGE

DOCUMENT # 003000002893

1. Entity Name

AZ Financial Services, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

801 WEST BAY DR.

3. Mailing Address

801 WEST BAY DR.

Suite, Apt. #, etc.

SUITE 602

Suite, Apt. #, etc.

SUITE 602

City & State

LARGO, FL

City & State

LARGO, FL

4. FEI Number

65-1167306

Applied For

Not Applicable

Zip

33770

Country

US

Zip

33770

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

CR2E034B (1/11)

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ANDREW L. ZOROVICH

Street Address (P.O. Box Number is Not Acceptable)

801 WEST BAY DR.

City

LARGO

FL

Zip Code

33770

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

Signed Electronically

4/30/11

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

9. Election Campaign Financing

☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE

OF

NAME

ANDREW ZOROVICH

STREET ADDRESS

1020 BLOWING CAVERD.

CITY-ST-ZIP

GULF BAY, FL 33748

TITLE

DS

NAME

AMANDA ZOROVICH

STREET ADDRESS

1020 BLOWING CAVE RD

CITY-ST-ZIP

GULF BAY, FL 33748

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Signed Electronically

4/30/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

DO NOT WRITE
IN THIS SPACE

500207473205
05/10/11--01011--814 **150.00

[Handwritten Signature]

ANDREW ZOROVICH