## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000051402

FILED Sep 08, 2004 Secretary of State

Entity Nar	ne: ZORN Ei	NTERPRISES, INC.			
Current P	rincipal Place	of Business:	New Principal Place o	of Business:	
12884 CAF JACKSON	PTIVA CT VILLE, FL 322	225			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
12884 CAF JACKSON	PTIVA CT VILLE, FL 322	225			
FEI Number:	77-0608063	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ZORN, LAURA M 12884 CAPTIVA CT JACKSONVILLE, FL 32225 US				ZORN, LAURA M 12884 CAPTIVA COURT JACKSONVILLE, FL 32225	
	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	I office or registered agent, or both,	
SIGNATURE:				09/08/2004	
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ZORN, LAURA 12884 CAPTIV JACKSONVILL	4 CT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ZORN, DAVID : 12884 CAPTIV. JACKSONVILL	A CT	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: LAURA M ZORN D 09/08/2004