





# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2004 8:00 am**  
**Secretary of State**

06-16-2004 90012 005 \*\*\*150.00

<b>DOCUMENT # P03000059465</b> 1. Entity Name <b>YOUR COMFORT ZONE HFG, INC.</b>					
Principal Place of Business <b>16850 SOUTH HWY 441 STE 407 SUMMERFIELD, FL 34491</b>			Mailing Address <b>PO BOX 830775 OCALA, FL 34483</b>		
2. Principal Place of Business <b>3131 SW College Rd</b> Suite, Apt. #, etc. <b>#404</b> City & State <b>Ocala, FL</b> Zip <b>34474</b> Country <b>USA</b>		3. Mailing Address <b>3131 SW College Rd</b> Suite, Apt. #, etc. <b>#404</b> City & State <b>Ocala, FL</b> Zip <b>34474</b> Country <b>USA</b>		<b>34057650</b> 	
4. FEI Number <b>54-2111516</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROSEN, KEVIN B 16850 SOUTH HWY 441 STE 407 SUMMERFIELD, FL 34491</b>			7. Name and Address of New Registered Agent Name <b>Kevin B. Rosen</b> Street Address (P.O. Box Number is Not Acceptable) <b>3131 SW College Rd #404</b> City <b>Ocala</b> State <b>FL</b> Zip Code <b>34474</b>		
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  <span style="float: right;">6.1.04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> 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		
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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: 		6.1.04		352-861-5777	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	