


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # P03000059465**

1. Entity Name  
**YOUR COMFORT ZONE HFG, INC.**



Principal Place of Business  
**16850 SOUTH HWY 441 STE 407  
 SUMMERFIELD, FL 34491**

Mailing Address  
**PO BOX 830775  
 Ocala, FL 34483**

03272003



2. Principal Place of Business  
**3131 SW College Rd**

3. Mailing Address  
**3131 SW College Rd**

Suite, Apt. #, etc.  
**#404**

03272003 Chg-P CR2E034 (10/03)

City & State  
**Ocala, FL**

City & State  
**Ocala, FL**

Zip  
**34474**

Country  
**USA**

4. FEI Number  
**54-2111516**

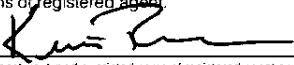
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROSEN, KEVIN B  
 16850 SOUTH HWY 441 STE 407  
 SUMMERFIELD, FL 34491**

7. Name and Address of New Registered Agent  
 Name **Kevin B. Rosen**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3131 SW College Rd #404**  
 City **Ocala** State **FL** Zip Code **34474**

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  DATE **6.1.04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**


9. Election Campaign Financing Trust Fund Contribution.  **\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **6.1.04** Daytime Phone # **352-861-5777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #