2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 12, 2005 8:00 am Secretary of State **DOCUMENT # P04000026910** 03-08-2005 90177 008 \*\*\*150.00 1. Entity Name Z FINANCIALS, INC. Principal Place of Business Mailing Address 000000000 8601 BRADLEY CIRCLE . CLERMONT FL 34711 8601 BRADLEY CIRCLE CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4 FFI Number Applied For City & State City & State 20-0712940 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZECMAN, REMI Street Address (P.O. Box Number is Not Acceptable) 8601 BRADLEY CIRCLE CLERMONT FL 34611 Wyr. City Zip Code 8. The above named entity submitights 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 Signature, typed or printed regree of registered agent and title if applicable (NOTE Registered Agent significate required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition IIILE Defets DILE ☐ Change ZECMAN, REMI J HAME NAME 8601 BRADLEY CIRCLE STREET ADDRESS SURFEI ADDRESS CLERMONT FL 34711 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition III F ☐ Delete HILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delate □ Change ■ Addition TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete RILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defeta ☐ Change ■ Addition TITLE MILE MARIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZTP CITY-ST-ZIP HILE ☐ Delete IIILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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. 352-429-2090 SIGNATURE: me <u>3/3/05</u>

**FILED**