

FILED  
Mar 30, 2005 8:00 am  
Secretary of State

02-07-2005 90050 002 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P04000027076  
1. Entity Name  
JZ VENTURES, INC.



Principal Place of Business  
4236 CENTRAL SARASOTA PARKWAY  
SUITE 926  
SARASOTA, FL 34238 US

Mailing Address  
4236 CENTRAL SARASOTA PARKWAY  
SUITE 926  
SARASOTA, FL 34238 US

66007902



2. Principal Place of Business  
850 South Tamiami Tr.  
Suite, Apt. #, etc.  
330  
City & State  
Sarasota FL  
Zip  
34236  
Country  
USA

3. Mailing Address  
850 South Tamiami Tr.  
Suite, Apt. #, etc.  
330  
City & State  
Sarasota FL  
Zip  
34236  
Country  
USA

01272005 Chg-P CR2E034 (10/03)

4. FEI Number 90-0142647  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
METZGER, MYRON H  
4236 CENTRAL SARASOTA PARKWAY  
SUITE 926  
SARASOTA, FL 34238

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P METZGER, MYRON H 4236 CENTRAL SARASOTA PARKWAY STE. 926 SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/T METZGER, BARBARA J 4236 CENTRAL SARASOTA PARKWAY STE. 926 SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 the address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_