


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90046 010 \*\*\*150.00

<b>DOCUMENT # P04000027076</b> 1. Entity Name <b>JZ VENTURES, INC.</b>					
Principal Place of Business <b>850 S TAMIAMI TRL STE 330 SARASOTA FL 34236 US</b>			Mailing Address <b>850 S TAMIAMI TRL STE 330 SARASOTA FL 34236 US</b>		
2. Principal Place of Business <i>850 S. TAMIAMI TRAIL STE. 333</i>			3. Mailing Address <i>SAME AS ABOVE</i>		
City & State <i>SARASOTA, FL.</i>			City & State 		
Zip <i>34236</i>		Country <i>US</i>		4. FEI Number <b>90-0142647</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>METZGER, MYRON H 4236 CENTRAL SARASOTA PARKWAY SUITE 926 SARASOTA FL 34238</b>			7. Name and Address of New Registered Agent Name <i>METZGER, MYRON H.</i> Street Address (P.O. Box Number is Not Acceptable) <i>850 So. TAMIAMI TR. - STE 330</i> City <i>SARASOTA</i> FL Zip Code <i>34236</i>		
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 a registered agent. SIGNATURE <i>[Signature]</i> <i>MYRON METZGER - PRES.</i> DATE <i>1/30/06</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>METZGER, MYRON H 4236 CENTRAL SARASOTA PARKWAY STE. 926 SARASOTA FL 34238</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>MYRON METZGER 850 So. TAMIAMI TRAIL-STE 330 SARASOTA, FL. 34236</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T <input type="checkbox"/> Delete <b>METZGER, BARBARA J 4236 CENTRAL SARASOTA PARKWAY STE. 926 SARASOTA FL 34238</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>BARBARA J. METZGER 850 So. TAMIAMI TRAIL-STE 330 SARASOTA, FL. 34236</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		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 exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of 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: <i>[Signature]</i> <i>MYRON METZGER - PRES.</i> DATE <i>1/30/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					