

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-15-2006 90046 010 ***150.00

DOCUMENT # P04000027076

1. Entity Name
JZ VENTURES, INC.



Principal Place of Business Mailing Address

**850 S TAMIAMI TRL
 STE 330
 SARASOTA FL 34236
 US**

**850 S TAMIAMI TRL
 STE 330
 SARASOTA FL 34236
 US**



2. Principal Place of Business 3. Mailing Address

850 S. Tamiami Trail *SAME AS ABOVE*

Suite, Apt. #, etc. Suite, Apt. #, etc.

STE 333

1st MOORE CR2E034 (10/05)

City & State City & State

SARASOTA, FL. *SARASOTA, FL.*

Zip Country Zip Country

34236 *US*

4. FEI Number Applied For

90-0142647 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 *METZGER, Myron H.*

Street Address (P.O. Box Number is Not Acceptable)
850 So. TAMAMI TR. - STE 330

City *SARASOTA* FL Zip Code *34236*

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 *Myron Metzger - Pres.* DATE *1/30/06*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	METZGER, MYRON H	
STREET ADDRESS	4236 CENTRAL SARASOTA PARKWAY STE. 926	
CITY - ST - ZIP	SARASOTA FL 34238	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	METZGER, BARBARA J	
STREET ADDRESS	4236 CENTRAL SARASOTA PARKWAY STE. 926	
CITY - ST - ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRON METZGER	
STREET ADDRESS	850 So. TAMAMI TRAIL - STE 330	
CITY - ST - ZIP	SARASOTA, FL. 34236	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA J. METZGER	
STREET ADDRESS	850 So. TAMAMI TRAIL - STE 330	
CITY - ST - ZIP	SARASOTA, FL. 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Myron Metzger - Pres.* DATE *1/30/06*

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