## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000044961

1. Entity Name ZWICK INVESTMENTS, INC.



Principal Place of Business

1226 SE 9TH TERRACE CAPE CORAL, FL 33990 Mailing Address

1226 SE 9TH TERRACE CAPE CORAL, FL 33990

## FILED Mar 19, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

ZWICK, JOHN 1226 SE 9TH TERR CAPE CORAL, FL 33904

## DO NOT WRITE IN THIS SPACE

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   Signature Typed or priviled name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution				\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZWICK, JOHN 1226 SE 9TH TERRACE CAPE CORAL, FL 33990				U00000671406 03/28/07-80028-003 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/28/07-80028-003 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
NAME STREET ADDRESS									

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daylene Phone #