

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047088

Entity Name: JZK ENTERPRISES, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

2704 BEE RIDGE RD  
SUITE 200  
SARASOTA, FL 34239

## New Principal Place of Business:

## Current Mailing Address:

2704 BEE RIDGE RD  
SUITE 200  
SARASOTA, FL 34239

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JENKINS, TROY  
2704 BEE RIDGE RD  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHEETS, KIRSTEN  
Address: 123 DA VINCI DR.  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete  
Name: WINEFORONER, KATHERYN L  
Address: 6242 AVENTURA DR.  
City-St-Zip: SARASOTA, FL 34241

Title: D (X) Delete  
Name: JENKINS, TROY D  
Address: 6242 AVENTURA DR.  
City-St-Zip: SARASOTA, FL 34241

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: JENKINS, TROY D  
Address: 6242 AVENTURA DR  
City-St-Zip: SARASOTA, FL 34241

Title: DIR (X) Change ( ) Addition  
Name: WINEFORONER, KATHERYN L  
Address: 6242 AVENTURA DR.  
City-St-Zip: SARASOTA, FL 34241

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY JENKINS

DIR

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date