

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047088

Entity Name: JZK ENTERPRISES, INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

2704 BEE RIDGE RD  
SUITE 200  
SARASOTA, FL 34239

## New Principal Place of Business:

6242 AVENTURA DR  
SARASOTA, FL 34241

## Current Mailing Address:

2704 BEE RIDGE RD  
SUITE 200  
SARASOTA, FL 34239

## New Mailing Address:

6242 AVENTURA DR  
SARASOTA, FL 34241

FEI Number: 75-3149774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

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:

WINEFORDNER, KATHRYN L  
6242 AVENTURA DR  
SARASOTA, FL 34241 US

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: KAY WINEFORDNER

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KATHRYN L WINEFORDNER

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date