

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90030 027 ***150.00

DOCUMENT # P04000142491					
1. Entity Name LTZJ PROPERTIES, INC.					
Principal Place of Business 8136 CENTRALIA COURT SUITE 103 LEESBURG, FL 34788 US			Mailing Address 8136 CENTRALIA COURT SUITE 103 LEESBURG, FL 34788 US		
2. Principal Place of Business 425 West Town Plaza Suite, Apt. #, etc. <i>Suite 106</i>		3. Mailing Address 425 West Town Plaza Suite, Apt. #, etc. <i>Suite 106</i>			
City & State <i>St Augustine FL</i>		City & State <i>St Augustine FL</i>		01052006 Chg-P CR2E034 (11/05)	
Zip <i>32092</i>		Country		4. FEI Number 01-0822132	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SELLAR, SEWELL, RUSS, SAYLOR & JOHNSON, PA 907 WEBSTER STREET LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TAWIL, NICK 8136 CENTRALIA COURT, SUITE 103 LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>425 West Town Plaza Suite 106</i> <i>St Augustine FL 32092</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP.D LAKE, MARLYN 8136 CENTRALIA COURT, SUITE 103 LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>425 West Town Plaza Suite 106</i> <i>St Augustine FL 32092</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D ZANON, STEVE 8136 CENTRALIA COURT, SUITE 103 LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>425 West Town Plaza Suite 106</i> <i>St Augustine FL 32092</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D JORDAN, RONALD 8136 CENTRALIA COURT, SUITE 103 LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>425 West Town Plaza Suite 106</i> <i>St Augustine FL 32092</i>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 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 officers and directors.					
SIGNATURE: _____			1/5/06 943473233		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		