

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000142491

1. Entity Name
LTZJ PROPERTIES, INC.



Principal Place of Business
425 WEST TOWN PLAZA
SUITE 106
SAINT AUGUSTINE, FL 32092 US

Mailing Address
425 WEST TOWN PLAZA
SUITE 106
SAINT AUGUSTINE, FL 32092 US



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0822132

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME TAWIL, NICK
STREET ADDRESS 425 WEST TOWN PLAZA SUITE 106
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

TITLE VP,D
NAME LAKE, MARLYN
STREET ADDRESS 425 WEST TOWN PLAZA SUITE 106
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

TITLE T,D
NAME ZANON, STEVE
STREET ADDRESS 425 WEST TOWN PLAZA SUITE 106
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

TITLE T,D
NAME JORDAN, RONALD
STREET ADDRESS 425 WEST TOWN PLAZA SUITE 106
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000597898
01/24/07-80054-010 150.00

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/07 9143873233