

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 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**



01252008 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

U000000807587
02/07/08-80015-004 150.00

**DO NOT WRITE
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 #