



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90181 027 ***158.75

DOCUMENT # P05000001776 1. Entity Name ZZR, INC.			
Principal Place of Business 1983 CULDFIELD DR W JACKSONVILLE, FL 32246		Mailing Address 1983 CULDFIELD DR W JACKSONVILLE, FL 32246	
2. Principal Place of Business Suite, Apt. #, etc. 1983 COLDFIELD DR W.		3. Mailing Address Suite, Apt. #, etc. 1983 COLDFIELD DR W	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32246		Zip 32246	
Country		Country	
4. FEI Number 52-2451253		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUZIC, ZVONKO 1983 CULDFIELD DR W JACKSONVILLE, FL-32246		7. Name and Address of New Registered Agent Name ROZIC ZVONKO Street Address (P.O. Box Number is Not Acceptable) 1983 COLDFIELD DR W. City JACKSONVILLE FL Zip Code 32246	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 P NAME RUZIC, ZVONKO <input type="checkbox"/> Delete STREET ADDRESS 1983 CULDFIELD DR W CITY-ST-ZIP JACKSONVILLE, FL 32246	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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:  ZVONKO ROZIC		03-04-2006 904 565 9647	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	