

2006 FOR PROFIT CORPORATION ANNUAL REPORT

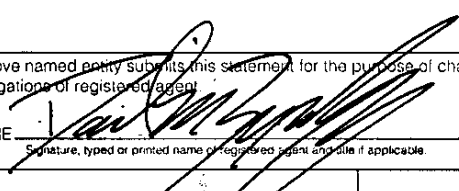
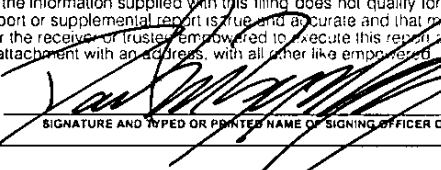
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Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90103 048 ***150.00

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01172006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000055206					
1. Entity Name ZEPCOM PROPERTY HOLDINGS, INC.					
Principal Place of Business 4002 GANDY BLVD TAMPA, FL 33611			Mailing Address 4002 GANDY BLVD TAMPA, FL 33611		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZEPLOWITZ, DAVID M 4002 GANDY BLVD TAMPA, FL 33611			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:  DATE: JAN. 17, 2006					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	D		TITLE		
NAME	ZEPLOWITZ, DAVID M		NAME		
STREET ADDRESS	4002 GANDY BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP		
☐ Delete			☐ Delete		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
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CITY-ST-ZIP			CITY-ST-ZIP		
☐ Delete			☐ Change ☐ 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 Part 10 of this report, changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DIR. JAN. 17, 2006 (13) 832-1970					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					