

FILED
Feb 17, 2006 8:00 am
Secretary of State

01-20-2006 90025 013 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000064619					
1. Entity Name ZAHN LUXURY HOMES, INC.					
Principal Place of Business 2023 NE 36TH ST LIGHTHOUSE POINT, FL 33064			Mailing Address 2023 NE 36TH ST LIGHTHOUSE POINT, FL 33064		
2. Principal Place of Business		3. Mailing Address		66001657	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 20-2751947	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAHN, ROGER C JR 2023 NE 36TH ST LIGHTHOUSE POINT, FL 33064				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 \$350.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PTD ☐ Delete				
NAME	ZAHN, ROGER C JR				
STREET ADDRESS	4050 NE 30TH AVE				
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064				
TITLE	VPSD ☐ Delete				
NAME	ZAHN, ROGER C SR				
STREET ADDRESS	5150 NE 31ST AVE				
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064				
TITLE	D ☐ Delete				
NAME	ZAHN, PHYLLIS				
STREET ADDRESS	5150 NE 31ST AVE				
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064				
TITLE	D ☐ Delete				
NAME	ZAHN, SUZANNE				
STREET ADDRESS	4050 NE 30TH AVE				
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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: <u><i>Roger C. Zahn</i></u> 1/5/06 954-786-0528					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					