


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

08-23-2007 90022 047 \*\*\*150.00

**DOCUMENT # P05000132719**

1. Entity Name  
**ZLATZ, INC.**



Principal Place of Business  
**1336 ERROL PKWY  
APOPKA, FL 32712**

Mailing Address  
**P.O. BOX 699  
PLYMOUTH, FL 32768**

2. Principal Place of Business - No P.O. Box #  
**3634 20TH ST. N**

3. Mailing Address  
**P.O. Box 1894**

Suite, Apt. #, etc.

City & State  
**St. Petersburg, FL**

City & State  
**Hamilton, AL**

Zip  
**33713**

Country

Zip  
**35570**

Country



06122007 Chg-P CR2E034 (12/06)

4. FEI Number  
**56-2531215**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLEMENTS, BRIAN J  
1336 ERROL PKWY  
APOPKA, FL 32712**

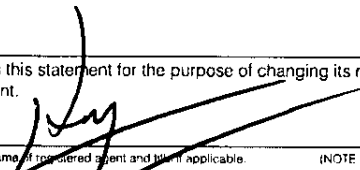
7. Name and Address of New Registered Agent

Name  
**KENNETH J. MEDeiros**

Street Address (P.O. Box Number is Not Acceptable)  
**3634 20TH ST. NORTH**

City  
**St. Petersburg** **FL** Zip Code  
**33713**

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 **7-24-07**

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

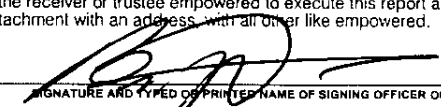
**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CLEMENTS, BRIAN J 1336 ERROL PKWY APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Clements, Brian J 191 County Highway 310 Hamilton, AL 35570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSP CLEMENTS, LYNNE J 1336 ERROL PKWY APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSP Clements, Lynne J 191 County Highway 310 Hamilton, AL 35570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Medeiros, Kenneth J 3634 20th St. North St. Petersburg, FL 33713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **7/20/07 407.446.8787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR