
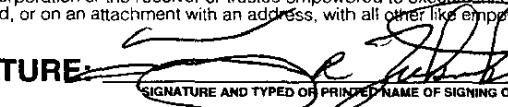


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90007 022 \*\*\*550.00

<b>DOCUMENT # P93000019289</b> 1. Entity Name <b>T.R. ZUKNICK INC.</b>																													
Principal Place of Business <b>2630 ARNOLD STREET SARASOTA FL 34231</b>				Mailing Address <b>2630 ARNOLD STREET SARASOTA FL 34231</b>																									
2. Principal Place of Business <b>501 LEE RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>501 LEE RD</b> Suite, Apt. #, etc.																											
City & State <b>VENICE FL</b>		City & State <b>VENICE, FL.</b>		4. FEI Number <b>65-0423566</b>																									
Zip <b>34292</b> Country <b>SARASOTA</b>		Zip <b>34292</b> Country <b>SARASOTA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>ZUKNICK, TERRY R 2630 ARNOLD STREET SARASOTA FL 34231</b>				7. Name and Address of New Registered Agent Name <b>ZUKNICK, TERRY R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>501 LEE RD</b> City <b>VENICE</b> <b>FL</b> Zip Code <b>34292</b>																									
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  <b>TERRY R. ZUKNICK</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				<b>8-27-04</b> <small>DATE</small>																									
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  <b>T.R. ZUKNICK</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>PRESIDENT</b> <b>8-27-04</b> <b>941-321-2121</b> <small>Date Daytime Phone #</small>																									