

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000045442

1. Entity Name
L & S ZAHN & CO., INC.



Principal Place of Business
**200 BRADLEY PLACE
#401
PALM BEACH, FL 33480**

Mailing Address
**200 BRADLEY PLACE
#401
PALM BEACH, FL 33480**



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-1813895

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'CONNELL, BRIAN M
515 NORTH FLAGLER DRIVE
18TH FLOOR
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

000000226131

02/12/05-80003-006 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | D |
| NAME | ZAHN, MILLICENT |
| STREET ADDRESS | 200 BRADLEY PLACE, #401 |
| CITY-ST-ZIP | PALM BEACH, FL 33480 |
| TITLE | D |
| NAME | ZAHN, STEVEN |
| STREET ADDRESS | 224 FAIR PLAY HEIGHTS CIRCLE |
| CITY-ST-ZIP | FAIR PLAY, SC 29643 |
| TITLE | D |
| NAME | ZAHN-ORECK, SANDRA |
| STREET ADDRESS | 2602 BRIDGEWOOD CIRCLE |
| CITY-ST-ZIP | BOCA RATON, FL 33434 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05

Date

Daytime Phone #