


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90007 008 ***163.00

DOCUMENT # P94000073025 1. Entity Name ZGD, INC.	
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Principal Place of Business 3225 SOUTHSIDE BLVD SUITE 8 JACKSONVILLE, FL 32216	Mailing Address 3225 SOUTHSIDE BLVD SUITE 8 JACKSONVILLE, FL 32216
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44048593



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3269517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, ZORA K 2449 PEG LEG RD JACKSONVILLE, FL 32224	#13076 \$163 ⁰⁰ 7-8-04 Zora
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, DIEGO L 3225 SOUTHSIDE BLVD, SUITE 8 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GONZALEZ, ZORA K 3225 SOUTHSIDE BLVD, SUITE 8 JACKSONVILLE, FL 32216
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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)(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: Zora Gonzalez #13076 \$163⁰⁰ 7-8-04 (904-641-2301)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment FLORIDA DEPARTMENT OF STATE
TO DIVISION OF

DOCUMENT # P94000073025

ENTRY NAME
ZGD, INC

7-8-04
CORPORATIONS
44048593
P94000073025

WE DID NOT RECEIVE
THE FIRST NOTICE
REGARDING 2004
ANNUAL REPORT.
WE WILL LIKE TO
REQUEST THE LATE
FEE TO BE WAIVED
PLEASE.

THANK YOU
SECRETARY

Jana Gonzalez

7-8-04