2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State
01-28-2008 90044 019 ***150.00

DOCUMENT # P94000078785

1. Entity Name

L. ALTMAN ZEIGLER, INC.

Principal Place of Business	Mailing Address
7080 S SHORE DR SOUTH PASADENA FL 33707	PO BOX 66656 SAINT PETERSBURG FL 33736

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0563411 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~ZEIGLER, LINDA A~~
~~1600 MARINA BAY DR~~
~~SUITE 408~~
~~PANAMA CITY FL 32409~~

7. Name and Address of New Registered Agent

Name SAME

Street Address (P.O. Box Number is Not Acceptable)

~~P.O. Box 66656~~
7080 So Shore Drive

City SOUTH PASADENA FL Zip Code 33707

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 Linda Zeigler 1-23-2008

Signature, typed or printed name of registered agent (Required) (NOTE: Registered Agent must sign when required) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ZEIGLER, LINDA A 7080 SO SHORE DR SOUTH PASADENA FL 33707	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Linda Zeigler 1-23-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

227 343 2407 Daytime Phone #