2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 08:00 AM Secretary of State

920-8223

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DOCUMENT # P9500008108 1. Entity Name J.W.Z. FARRIER SERVICE INC.			Secretary of Sta				
Principal Place 1225 WILDWO LUTZ, FL 335	OOD LN	Mailing Address P. O. BOX 42 ODESSA, FL 33556 US			1 1 1 1 5 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1		18 4 880 HINNEL I 181
DO NOT WRITE IN THIS SPAC			CE	01182008 No Chg-P CR2E034 (11/05) 4. FEI Number			
3444 EAST #412	ROBERT F LAKE RD RBOR, FL 34685			NOT W THIS SF		-	
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 trile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
After Ma	E NOWII! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	ncing \$5	.00 May Be led to Fees				
THTLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	D ZIMMERMAN, JIM 1225 WILDWOOD LN LUTZ, FL 33549	RECTORS	-				
NAME STREET ADDRESS CITY-ST-ZIP TITEE NAME STREET ADDRESS				DO	02/07/08		10 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SI		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			-				

12. Thereby certify that the information supplied with this filling 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.

YPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: