

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000009559

1. Entity Name
JAZ CORPORATION



Principal Place of Business
1857 WELLS RD
216
ORANGE PARK, FL 32073-8503

Mailing Address
966 ALPINE RIDGE CT
ORANGE PARK, FL 32073-8503



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3292726

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZORNES, CHARLES D II
966 ALPINE RIDGE CT
ORANGE PARK, FL 32065

**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 *Charles D II Zornes*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000893995
04/24/08-80010-011 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDS
ZORNES, JOYCE ANN
966 ALPINE RIDGE CT
ORANGE PARK, FL 32065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
ZORNES, CHARLES D
966 ALPINE RIDGE CT
ORANGE PARK, FL 32065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZORNES, LAURA
966 ALPINE RIDGE CT
ORANGE PARK, FL 32065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GARRISON, JOHN SR
3677 RED OAK CIRCLE
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GARRISON, AUDREY
3677 RED OAK CIRCLE
ORANGE PARK, FL 32073

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 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.

SIGNATURE *Charles D II Zornes*

4-10-08