

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000073022 (2)

1. Corporation Name

THE COMFORT ZONE LTD. INC.



Principal Place of Business

3108 DEL PRADO BLVD., SUITE 3  
CAPE CORAL FL 33904

Mailing Address

3108 DEL PRADO BLVD., SUITE 3  
CAPE CORAL FL 33904

3. Date Incorporated or Qualified  
09/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 *The Comfort Zone Ltd. Inc*  
Suite, Apt. #, etc.

26 *The Comfort Zone Ltd Inc*  
Suite, Apt. #, etc.

22 *1102 SW 40 Terrace*  
City & State

27 *1102 SW 40 Terrace*  
City & State

23 *Cape Coral*  
Zip

28 *Cape Coral, FL*  
Zip

24 *33914* 25 *USA*

29 *33914* 30 *USA*

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLUNDER, KATHY  
3108 DEL PRADO BLVD., SUITE 3  
CAPE CORAL FL 33904

81 Name

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

*1102 SW 40<sup>th</sup> Terrace*

83

*Cape Coral, FL*

84 City

FL

85 Zip Code  
*33914*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

*Kathy Klunder*

(NOTE: Registered Agent signature required when reinstating)

*4/23/96*  
DATE

12. OFFICERS AND DIRECTORS

TITLE *PO* ☐ DELETE  
NAME *KLUNDER, KATHY*  
STREET ADDRESS *1102 SW 40TH TERRACE*  
CITY - ST - ZIP *CAPE CORAL FL 33914*

TITLE *STD* ☒ DELETE  
NAME *CAMPBELL, ANN MARIE*  
STREET ADDRESS *700 SE 21ST AVENUE*  
CITY - ST - ZIP *CAPE CORAL FL 33900*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Kathy Klunder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/96*  
DATE

*(941) 570-7748*  
Daytime Phone #

CR2E034 (12/95)