

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 13, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P96000031005**

1. Entity Name  
R F Z, INC.



Principal Place of Business

9337 BARRINGTON LANE  
PORT RICHEY, FL 34668

Mailing Address

9337 BARRINGTON LANE  
PORT RICHEY, FL 34668



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3369305

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ZACCARO, RICHARD F  
9337 BARRINGTON LANE  
PORT RICHEY, FL 34668

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZACCARO, RICHARD F
STREET ADDRESS	9337 BARRINGTON LN
CITY - ST - ZIP	PORT RICHEY, FL
TITLE	VP
NAME	ZACCARO, FRANCES M
STREET ADDRESS	9337 BARRINGTON LN
CITY - ST - ZIP	PORT RICHEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000179003  
01/13/05-80001-002 150.00

**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)(f), 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:**

*Richard F Zaccaro, Richard F. Zaccaro, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05

Date

7278623996

Daytime Phone #