

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000084585**

1. Entity Name  
**AZAR INDUSTRIES, INC.**



Principal Place of Business  
**27 EAST 7TH ST  
JACKSONVILLE, FL 32206 US**

Mailing Address  
**P.O. BOX 5662  
JACKSONVILLE, FL 32247-5662 US**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3438790**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**AZAR, RAYMOND P  
27 EAST 7TH ST  
JACKSONVILLE, FL 32206**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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**

**000000794011  
01/25/08-80030-018 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	CEO
NAME	AZAR, SANDRA
STREET ADDRESS	3855 SAN JOSE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	PRES
NAME	AZAR, RAYMOND
STREET ADDRESS	3555 SAN JOSE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	VPST
NAME	AZAR, PHILLIP
STREET ADDRESS	3946 GASDEN ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	VP
NAME	AZAR, JOHN C
STREET ADDRESS	3855 SAN JOSE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

*Raymond Azar*

**Raymond AZAR**

**1/21/08 (904) 358-2354**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #