2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000102351

1. Entity Name
ZICHECK PROPERTIES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5570 SOUTH KENANSVILLE YEEHAW JUNCTION, FL 34972	5570 SOUTH KENANSVILLE YEEHAW JUNCTION, FL 34972

DO NOT WRITE IN THIS SPACE

02112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0723315	Not Applicable

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

6. Name and Address of Current Registered Agent

ZICHECK, BEVERLY
5570 S KENANSVILLE ROAD
YEEHAW JUNTION, FL 34972

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6. 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	D
NAME	ZICHECK, STEPHANIE A
STREET ADDRESS	5570 SOUTH KENANSVILLE
CITY-ST-ZIP	YEEHAW JUNCTION, FL 34972
TITLE	D
NAME	ZICHECK, BEVERLY
STREET ADDRESS	5570 SOUTH KENANSVILLE
CITY-ST-ZIP	YEEHAW JUNCTION, FL 34972
TITLE	D
NAME	ZICHECK, KENNETH G
STREET ADDRESS	9145 E. BELLA VISTA CT.
CITY-ST-ZIP	FLORAL CITY, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #