

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90043 010 \*\*\*150.00

**DOCUMENT # P97000009134**

1. Entity Name

A ZOOM-FLUME PRODUCTION, INC.



Principal Place of Business

808 HELMSMAN WAY  
PALM HARBOR, FL 34685

Mailing Address

808 HELMSMAN WAY  
PALM HARBOR, FL 34685

44024791



03242004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0722055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BORGES, SILVIA A  
808 HELMSMAN WAY  
PALM HARBOR, FL 34685

**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, 2004 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: BORGES, SILVIA A  
STREET ADDRESS: 808 HELMSMAN WAY  
CITY-ST-ZIP: PALM HARBOR, FL 34685

TITLE: VP  
NAME: SMITH, LEE A  
STREET ADDRESS: 808 HELMSMAN WAY  
CITY-ST-ZIP: PALM HARBOR, FL 34684

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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 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

LEE A. SMITH

3/30/04

Date

727-784-5530

Daytime Phone #