## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 03, 2004 08:00 AM Secretary of State **DOCUMENT # P97000019801** 1. Entity Name SZF, INC. Principal Place of Business Mailing Address 800 N MAGNOLIA AVE 800 N MAGNOLIA AVE SUITE 1500 SUITE 1500 ORLANDO, FL 32803 ORLANDO, FL 32803 02192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3502015 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC DO NOT WRITE 800 N. MAGNOLIA AVENUE **SUITE 1500** IN THIS SPACE ORLANDO, FL 32803 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000149**4**63 Trust Fund Contribution. Added to Fees 05/03/04-80188-001 150.00 OFFICERS AND DIRECTORS 10. פח HILE NAME ZIMMERMAN, SEEMA 18 COVENTRY DRIVE GREENLEFE STREET ADDRESS CHTY-ST-ZIP HAINES CITY, FL 33844 HILE ZIMMERMAN, STEVEN J MAME 151 FAWSETT RD E STREET ADDRESS City-ST-ZiP WINTER PARK, FL 32789 TITLE NAME TITEN, LISA STREET ADDRESS 10409 GREEN HEDGES DR DO NOT WRITE **TAMPA, FL 33626** CITY - ST - ZIP IN THIS SPACE TITLE WEISMAN, ARLENE LOU NAME 171 E MARION WAY STREET ADDRESS MAITLAND, FL 32751 CITY - ST - ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 supplied enter port 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 powered 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 a signature shall be empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP

> STEVEN J. ZIMMERMAN, VICE PRESIDENT NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone #

FILED