

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000099289

1. Entity Name
E-Z TOOL & DESIGN, INC.



FILED
Apr 18, 2005 08:00 AM
Secretary of State

Principal Place of Business
7840 3RD AVENUE S
ST PETE, FL 33707

Mailing Address
7840 3RD AVENUE S
ST PETE, FL 33707



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3495153

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZLAKET, EMIL
7840 3RD AVENUE S
ST PETE, FL 33707

**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 re-registering)

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 ZLAKET, EMIL
STREET ADDRESS 7840 3RD AVE S
CITY-ST-ZIP ST PETE, FL 33707

TITLE
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CITY-ST-ZIP

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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)(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 807, 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:

Emil Zlaket **Emil ZLAKET**

4/14/05 **4/14/05**

727-381-4467 **727-381-4467**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #