


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-09-2004 90007 044 ***150.00

DOCUMENT # P97000107425			
1. Entity Name TZRA, INC.			
Principal Place of Business 1250 GRAPE AVENUE ST. CLOUD FL 34769		Mailing Address P.O. BOX 422933 KISSIMMEE FL 34742	
2. Principal Place of Business 1250 Grape Ave		3. Mailing Address Same as Above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Cloud, Fla.		City & State	
Zip 34769	Country U.S.	Zip	Country
8. Name and Address of Current Registered Agent ARZT, KENNETH 4454 CAMPBELL ROAD KISSIMMEE FL 34746 MAILING ADDRESS, P.O. Box 422933 Kissimmee, FL 34742		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARZT, KENNETH 4454 CAMPBELL ROAD KISSIMMEE FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (11/03)

4. FEI Number **59-3485018** Applied For ☐ Not Applicable

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

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 #

407-892-0880