## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 19, 2005 08:00 AM DOCUMENT # P98000017027 Secretary of State 1. Entity Name JOHN ZAK, III, P.A. Principal Place of Business Mailing Address 437 N CLYDE MORRIS BLVD 437 N CŁYDE MORRIS BŁVD DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 No Chg-P 02102005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3500369 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 5. Name and Address of Current Registered Agent ZAK, JOHN III DO NOT WRITE 437 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ZAK, JOHN III NAME - U00000023SS63 437 N CLYDE MORRIS BLVD STREET ADDRESS 02/19/05-80010-001 150.00 DAYTONA BEACH, FL 32114 COTY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTE NAME STRUCT ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 19.07(3)(1). Florida Statutes, I further certify that the information indicated on this report or suppremental report is frue 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 our trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ess, with all other like empowered. SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**