2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90368 019 ***150.00

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02022007 Chg-P CR2E034 (12/06)

DOCUMENT # P98000017027

1. Entity Name
JOHN ZAK, III, P.A.

Principal Place of Business	Mailing Address
437 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114	437 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
325 Clyde Morris Blvd		325 Clyde Morris Blvd	
Suite, Apt. #, etc: 390		Suite, Apt. #, etc: 390	
City & State: Ormond Beach, FL		City & State: Ormond Beach, FL	
Zip: 32174	Country: USA	Zip: 32174	Country: USA

4. FEI Number: 59-3500369 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZAK, JOHN III
437 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 325 Clyde Morris Blvd
Suite 390
City: Ormond Beach FL Zip Code: 32174

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] 2-7-07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D ZAK, JOHN III 437 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☒ Change ☐ Addition 325 Clyde Morris Blvd, Suite 390 Ormond Beach, FL. 32174
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 2-7-07 386-671-9029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #