


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P98000035324 1. Entity Name ZAHN BUILDERS FLORIDA, INC. |  |
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| Principal Place of Business 2023 NE 36 STREET LIGHTHOUSE, FL 33064 | Mailing Address 2023 NE 36 STREET LIGHTHOUSE, FL 33064 |
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DO NOT WRITE IN THIS SPACE



05242004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0824182 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ZAHN, ROGER C 2023 E SAMPLE RD POMPANO BCH, FL 33064 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD ZAHN, ROGER C 2023 NE 36TH STREET LIGHTHOUSE POINT, FL 33064 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD ZAHN, ROGER C JR. 2023 NE 36TH STREET LIGHT HOUSE POINT, FL 33064 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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05/28/04-80002-021 150.00

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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)(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:  **5/25/04** **954-786-0508**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X13**