

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90016 017 ***158.75

DOCUMENT # P98000061820

1. Entity Name

COURZAC, INC.



Principal Place of Business

Mailing Address

1200 Deltona Blvd., Suite 7
Deltona, FL 32725

1200 Deltona Blvd., Suite 7
Deltona, FL 32725



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3521784

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

2nd MOORE

CR2E034 (4/08)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BISHOP, CINDY L
1200 Deltona Blvd., Suite 7
Deltona, FL 32725

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

CINDY L BISHOP

Signature, typed or printed name of registered agent and title if applicable

Cindy L Bishop

(NOTE: Registered Agent's Signature is required when reinstating)

8/2/08

DATE

FILE NOW!!! - FEE IS \$550.00
DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMONDS, MICHAEL	
STREET ADDRESS	2772 ELKCAM BOULEVARD	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	P,D	<input type="checkbox"/> Delete
NAME	BISHOP, CINDY L	
STREET ADDRESS	2772 ELKCAM BLVD	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	P	<input type="checkbox"/> Delete
NAME	BISHOP, CINDY L	
STREET ADDRESS	2772 ELKCAM BLVD	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1200 Deltona Blvd., Suite 7	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1200 Deltona Blvd., Suite 7	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1200 Deltona Blvd., Suite 7	
CITY-ST-ZIP	Deltona, FL 32725	
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

MICHAEL G. HAMMONDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/08

386-860-8473

Date

Daytime Phone *