

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000001691

1. Entity Name  
STRESS BUSTERS ZONE INC.



Principal Place of Business  
3300 CAPITAL CIR. S.W., STE. 30  
TALLAHASSEE, FL 32310

Mailing Address  
3300 CAPITAL CIR. S.W., STE. 30  
TALLAHASSEE, FL 32310

FILED

04 JUL 13 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3219743

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LLOYD, CHARLOTTE  
3300 CAPITAL CIR. S.W., STE. 30  
TALLAHASSEE, FL 32310

DO NOT WRITE  
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

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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LLOYD, CHARLOTTE  
P.O. BOX 915  
HAVANA, FL 32333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100039535351  
07/26/04--01067--016 \*\*150.00

DO NOT WRITE  
IN THIS SPACE

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

7-13-04 576-3281

Date

Daytime Phone #