

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000025815

1. Entity Name
SERVICE ZONE, INC.



Principal Place of Business
**1152 SW BUSINESS POINTE DR
LAKE CITY, FL 32025 US**

Mailing Address
**3102 WEST END AVE
SUITE 900
NASHVILLE, TN 37203 US**



05042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3567082

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 14, 2007**

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
**PCEO
GARNER, DAVID E
3802 WEST END AVE #900
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
STONE, PAUL R
3102 WEST END AVE #900
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JANTZI, CRAIG
3102 WEST END AVE #900
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LEVE, TERRENCE SR
3102 WEST END AVE #900
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000763995
05/30/07-80038-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____