

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000094005

1. Entity Name
THE D-Z, INC.



Principal Place of Business

1424 FLORIDA AVE
PALM HARBOR, FL 34683

Mailing Address

1424 FLORIDA AVE
PALM HARBOR, FL 34683



03162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3636956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DILLON, MATT
1424 FLORIDA AVE.
PALM HARBOR, FL 34683

**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
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

TITLE P
NAME DILLON, MATT
STREET ADDRESS 1424 FLORIDA AVE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE VP
NAME GEHRINGER, DONNA
STREET ADDRESS 1610 NEBRASKA AVE.
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE S
NAME DILLON, PATRICIA A
STREET ADDRESS 1424 FLORIDA AVE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE T
NAME DILLON-SARRA, DEBORAH
STREET ADDRESS 1617 GEORGIA AVE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Matt Dillon - per

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5-2007

Date

813-917-0001

Daytime Phone #