2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 12, 2007 8:00 am
Secretary of State
05-15-2007 90011 037 ***150.00

DOCUMENT # V59575

1. Entity Name
E-Z RIGHT, INC.

Principal Place of Business	Mailing Address
P.O. BOX 247 ZEPHYRHILLS, FL 33539	P O BOX 247 ZEPHYRHILLS, FL 33539

66018942

04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3136954
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILBURN, CRAIG
37436 SKY RIDGE CIRCLE
DADE CITY, FL 33525

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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 _____
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	PD
NAME	MILBURN, CRAIG
STREET ADDRESS	37436 SKY RIDGE CIRCLE
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	ST
NAME	MILBURN, MARSHA
STREET ADDRESS	37436 SKY RIDGE CIRCLE
CITY-ST-ZIP	DADE CITY, FL 33525
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	

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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: Craig M Milburn CRAIG Milburn X 813-788-9935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Pres