

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90121 034 ***150.00

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07062004 Chg-P CR2E034 (10/03)

DOCUMENT # 852207 1. Entity Name ZODIAC OF NORTH AMERICA, INC.			
Principal Place of Business 540 THOMPSON CREEK RD STEVENSVILLE, MD 21666 US		Mailing Address 540 THOMPSON CREEK RD STEVENSVILLE, MD 21666	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-0906929		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST, SUITE 105 TALLAHASSEE, FL 32301		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE, JEAN-JACQUES	NAME	P/D - PRESIDENT + DIRECTOR
STREET ADDRESS	540 THOMPSON CREEK RD	STREET ADDRESS	
CITY-ST-ZIP	STEVENSVILLE, MD 21666	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, RUSSELL L	NAME	
STREET ADDRESS	540 THOMPSON CREEK RD	STREET ADDRESS	
CITY-ST-ZIP	STEVENSVILLE, MD 21666	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILLANCE, JEAN M	NAME	DAILLANCE, JEAN-MARC
STREET ADDRESS	540 THOMPSON CREEK ROAD	STREET ADDRESS	
CITY-ST-ZIP	STEVENSVILLE, MD 21666	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, GEORGE R	NAME	
STREET ADDRESS	540 THOMPSON CREEK RD.	STREET ADDRESS	
CITY-ST-ZIP	STEVENSVILLE, MD 21666	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, WILLIAM R.	NAME	
STREET ADDRESS	540 THOMPSON CREEK RD.	STREET ADDRESS	
CITY-ST-ZIP	STEVENSVILLE, MD 21666	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PESCHEL, RUDY K	NAME	
STREET ADDRESS	540 THOMPSON CREEK RD	STREET ADDRESS	
CITY-ST-ZIP	STEVENSVILLE, MD 21666	CITY-ST-ZIP	
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: <i>Russell Lee Marks</i>		Date: <i>9/2/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>410-643-4141</i>	