


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90125 030 \*\*\*550.00

**DOCUMENT #** P02000036248 ✓

1. Entity Name **ZANASHO ENTERPRISES, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3000 N. Atlantic Ave**

3. Mailing Address  
**3000 N. Atlantic Ave**

Suite, Apt. #, etc.  
**14**

DO NOT WRITE IN THIS SPACE

City & State  
**Daytona Beach, FL**

City & State  
**Daytona Beach, FL**

Zip  
**32118-3019**

Country  
**US**

4. FEI Number  
**01-0687583**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**George Wayne Harrison**

Street Address (P.O. Box Number is Not Acceptable)  
**3000 N. Atlantic Avenue, #14**

City  
**Daytona Beach**

FL Zip Code  
**32118-3019**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**President  
George Wayne Harrison  
3000 N. Atlantic Avenue, Suite 14  
Daytona Beach, FL 32118-3019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Vice-President  
Charles W. Shepard  
187 E. Lakeview Drive  
Milledgeville, GA 31061**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: George Wayne Harrison **George Wayne Harrison** 6/6/06 904-571-1232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)