

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90015 009 ***150.00

DOCUMENT # P02000088876

1. Entity Name
ZEN CONCEPTS, INC.



Principal Place of Business
200 MAIN STREET APT 5
DUNEDIN, FL 34698

Mailing Address
200 MAIN STREET APT 5
DUNEDIN, FL 34698

50001247

2. Principal Place of Business
3851 62nd Avenue

3. Mailing Address
9 Colburn Street

Suite, Apt. #, etc.
Suite I

Suite, Apt. #, etc.

02232006 Chg-P CR2E034 (11/05)

City & State
Pinellas Park, FL

City & State
Gloucester, MA

4. FEI Number
06-1680088

Applied For
Not Applicable

Zip
33781

Country

Zip
01930

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUISE, ARCHIE J JR
200 MAIN STREET APT 5
DUNEDIN, FL 34698

Name
MUISE, ARCHIE J JR

Street Address (P.O. Box Number is Not Acceptable)

3851 62nd Avenue

Suite I

City
Pinellas Park

FL

Zip Code
33781

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MUISE, ARCHIE J JR
200 MAIN STREET APT 5
DUNEDIN, FL 34698 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MUISE, ARCHIE J JR
3851 62nd Avenue, Suite I
Pinellas Park, FL 33781 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 #

Mardi 106 (727) 433-2551