

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90043 048 ***150.00

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| DOCUMENT # P05000082387 1. Entity Name ZIONKING INDUSTRIES, INC. | | | |
| Principal Place of Business 355 OLIVER CROMWELL DRIVE NEWPORT, TN 37821--817 US | | Mailing Address 355 OLIVER CROMWELL DRIVE NEWPORT, TN 37821--817 US | |
| 2. Principal Place of Business - No P.O. Box # 2810 SUNNYSIDE ROAD Suite, Apt. #, etc. | | 3. Mailing Address 2810 SUNNYSIDE ROAD Suite, Apt. #, etc. | |
| City & State LADY LAKE, FL | | City & State LADY LAKE, FL | |
| Zip 32159 | | Zip 32159 | |
| Country USA | | Country USA | |
| 4. FEI Number 20-3036119 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WELLER, ANN E 2701 LEJEUNE ROAD SUITE 300 CORAL GABLES, FL 33134 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | |
| 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 reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P ZION, THOMAS E 355 OLIVER CROMWELL DR NEWPORT, TN 37821 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ZION, THOMAS E 2810 SUNNYSIDE ROAD LADY LAKE, FL 32159 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTS KING, DAVID L 355 OLIVER CROMWELL DRIVE NEWPORT, TN 37821 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Thomas E. Zion | | 4-11-08 352-750-1533 <small>Date Daytime Phone #</small> | |