## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 448072** 

Name:

Address:

City-St-Zip:

SMITH, SUSAN

5729 BAYSIDE DR

ORLANDO, FL 32819

Entity Name: ZACHARY TAYLOR CAMPING AND LODGE. INC

FILED Apr 16, 2009 Secretary of State

Littly Nai	HE. ZACHARI	TATLOR CAMIFING AND	LODGE, IIV	<b>5</b> .			
Current Principal Place of Business:				New Principal Place of Business:			
2995 HWY OKEECHO	441 SE DBEE, FL 3497	4 US		2995 US HIGHWAY 4 OKEECHOBEE, FL 3		US	
Current Mailing Address:				New Mailing Address:			
2995 HWY OKEECHO	441 SE BEE, FL 3497	4 US		2995 US HIGHWAY 4 OKEECHOBEE, FL 3		US	
FEI Number:	59-1519873	FEI Number Applied For()	FEI Nun	nber Not Applicable ( )	Cert	ificate of Status Desired()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
2995 HWY	HARLES R 441 SE BEE, FL 3497	4 US		FREED, CHRISTOPH 2995 US HIGHWAY 4 OKEECHOBEE, FL 3	41 SE	US	
The above in the State		ubmits this statement for the	e purpose o	f changing its registere	ed office	or registered agent, or b	oth,
SIGNATURE: CHRISTOPHER R FREED				04/16/2009			
Election Can		c Signature of Registered A  Trust Fund Contribution ( ).	\gent			Date	_
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CD () FREED, CHARLI 450 FRENCH RO ATLANTIS, FL 3	DYALE CIR		Title: Name: Address: City-St-Zip:	()Chan	ge ( ) Addition	
Title: Name: Address: City-St-Zip:	PTSD () FREED, CHRIST 2995 HWY 441 S OKEECHOBEE,	SE #245		Title: Name: Address: City-St-Zip:	() Chan	ge ( ) Addition	
Title:	VD ()	Delete		Title:	( ) Chan	ige ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER R FREED PTSD 04/16/2009