

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

DOCUMENT # 477785

1. Entity Name

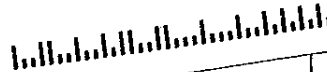
ZERIMAR ENTERPRISES, INC.

346071274 1603
ZERIMAR ENTERPRISES, INC.
NOTIFY SENDER OF NEW ADI
ZERIMAR BUILDERS
4217 LORDINGS LN
WEEKI WACHEE FL 34607-2

03-17-2004 90009 017 ***150.00

Principal Place of Business

3357 MINNOW CREEK DR
HERNANDO BEACH FL 34607



44018684



MOORE CR2E034 (11/03)

2. Principal Place of Business

4217 LORDINGS LANE

3. Mailing Address

4217 LORDINGS LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WEDGEMOOD ESTATES

WEDGEMOOD ESTATES

City & State

City & State

WEEKI WACHEE, FL.

WEEKI WACHEE, FL.

Zip 34607

Country HERNANDO

Zip 34607

Country HERNANDO

4. FEI Number

59-1909810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, E.L. JR.
3357 MINNOW CREEK DR
HERNANDO BEACH FL 34607

7. Name and Address of New Registered Agent

Name RAMIREZ, E.L.

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

4217 LORDINGS LANE

City WEEKI WACHEE FL

Zip 34607

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

Ernest L. Ramirez, Jr.

ERNEST L. RAMIREZ, JR

3/15/04

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, 2004 Fee will be \$550.00

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 PD ☐ Delete
NAME RAMIREZ, E L, JR
STREET ADDRESS 3357 MINNOW CREEK DR
CITY-ST-ZIP HERNANDO BCH, FL 00000

TITLE VPD ☐ Delete
NAME RAMIREZ, CAROL M.
STREET ADDRESS 3357 MINNOW CREEK DR
CITY-ST-ZIP SPRING HILL FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.D. ☒ Change ☐ Addition
NAME RAMIREZ, E.L. JR.
STREET ADDRESS 4217 LORDINGS LANE
CITY-ST-ZIP WEEKI WACHEE, FL 34607

TITLE VPD. ☐ Change ☐ Addition
NAME RAMIREZ, CAROL M.
STREET ADDRESS 4217 LORDINGS LANE
CITY-ST-ZIP WEEKI WACHEE, FL 34607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ernest L. Ramirez, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04
Date

352-596-5057
Daytime Phone #