


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90003 030 ***150.00

DOCUMENT # 672550	
1. Entity Name ZASADA PRINTING, INC.	

Principal Place of Business 1255 BELLE AVE. SUITE 124 WINTER SPRINGS, FL 32708	Mailing Address 202 WAVERLY DR. FERN PARK, FL 32730 US
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2. Principal Place of Business - No P.O. Box # 202 WAVERLY DR.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FERN PARK FL	City & State
Zip 32730	Country USA

06042007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2004633	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZASADA, ROBERT R I. 1255 BELLE AVE. SUITE 124 WINTER SPRINGS, FL 32708	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 202 WAVERLY DRIVE City FERN PARK FL Zip Code 32730
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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 Robert R Zaslada I President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 6.5.07

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ZASADA, ROBERT R I. 202 WAVERLY DR FERN PARK, FL <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	TVP ZASADA, ROBERT R II 202 WAVERLY DRIVE FERN PARK, FL <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: Robert R Zaslada I President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 6.5.07 Daytime Phone # 321-277-8370