

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90020 016 \*\*\*\*61.25

|                          |                                                                                   |
|--------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 733705</b> |  |
| 1. Entity Name           |                                                                                   |
| ZIRKEL'S ESTATES, INC.   |                                                                                   |

|                                            |                                            |
|--------------------------------------------|--------------------------------------------|
| Principal Place of Business                | Mailing Address                            |
| 6153 ZIRKEL CIRCLE<br>BROOKSVILLE FL 34604 | 6153 ZIRKEL CIRCLE<br>BROOKSVILLE FL 34604 |

|                                                |                     |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip                                            | Country             |



1st MOORE CR2E037 (10/06)

|                                                              |                                |
|--------------------------------------------------------------|--------------------------------|
| 4. FEI Number                                                | Applied For                    |
| 39-6200064                                                   | Not Applicable                 |
| 5. Certificate of Status Desired <input type="checkbox"/>    | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent              |                                |
| SINGER, JOSEPH<br>6153 ZICKEL CIRCLE<br>BROOKSVILLE FL 34604 |                                |
| 7. Name and Address of New Registered Agent                  |                                |
| Name                                                         |                                |
| Street Address (P.O. Box Number is Not Acceptable)           |                                |
| City                                                         |                                |
| FL                                                           | Zip Code                       |

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 Joseph Singer President 1-25-07  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

|                                                              |                                                                                     |                                |                                                                    |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                              |
|----------------------------|----------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | VP <input type="checkbox"/> Delete           | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | RECKNAGEL, JAMES                             | NAME                                                  |                                                                              |
| STREET ADDRESS             | 6170 ZIRKEL CIRCLE                           | STREET ADDRESS                                        |                                                                              |
| CITY, ST, ZIP              | BROOKSVILLE FL                               | CITY, ST, ZIP                                         |                                                                              |
| TITLE                      | D <input type="checkbox"/> Delete            | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | RUSSO, VINCENT                               | NAME                                                  |                                                                              |
| STREET ADDRESS             | 6115 ZIRKEL CIRCLE                           | STREET ADDRESS                                        |                                                                              |
| CITY, ST, ZIP              | BROOKSVILLE FL                               | CITY, ST, ZIP                                         |                                                                              |
| TITLE                      | TD <input type="checkbox"/> Delete           | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | KORECKI, NICHOLAS                            | NAME                                                  |                                                                              |
| STREET ADDRESS             | 6179 ZICKEL CIRCLE                           | STREET ADDRESS                                        |                                                                              |
| CITY, ST, ZIP              | BROOKSVILLE FL 34604                         | CITY, ST, ZIP                                         |                                                                              |
| TITLE                      | P <input type="checkbox"/> Delete            | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SINGER, JOSEPH A                             | NAME                                                  |                                                                              |
| STREET ADDRESS             | 6153 ZICKEL CIRCLE                           | STREET ADDRESS                                        |                                                                              |
| CITY, ST, ZIP              | BROOKSVILLE FL 34604                         | CITY, ST, ZIP                                         |                                                                              |
| TITLE                      | D <input checked="" type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | NOLTE, BILLIE                                | NAME                                                  | D LONIGRO P. J                                                               |
| STREET ADDRESS             | 6144 ZIRKELS CIRCLE                          | STREET ADDRESS                                        | 6241 ZIRKELS CIRCLE                                                          |
| CITY, ST, ZIP              | BROOKSVILLE FL                               | CITY, ST, ZIP                                         | BROOKSVILLE FL 34604                                                         |
| TITLE                      | SD <input type="checkbox"/> Delete           | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HASTY, DEBRA                                 | NAME                                                  |                                                                              |
| STREET ADDRESS             | 6170 ZIRKELS CIRCLE                          | STREET ADDRESS                                        |                                                                              |
| CITY, ST, ZIP              | BROOKSVILLE FL 34604                         | CITY, ST, ZIP                                         |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: Joseph A. Singer JOSEPH A. SINGER 352 544 0498  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 1-25-07