

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002375

Entity Name: G. C. ZARNAS & CO., INC. (MD.)

FILED
Feb 27, 2009
Secretary of State

Current Principal Place of Business:

850 JENNINGS ST.
BETHLEHEM, PA 18017

New Principal Place of Business:

Current Mailing Address:

P O BOX 20770
LEHIGH VALLEY, PA 18002 07

New Mailing Address:

P O BOX 20770
LEHIGH VALLEY, PA 18002

FEI Number: 52-0889432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, EDWIN F
810 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ZARNAS, STEPHEN C
Address: 850 JENNINGS ST.
City-St-Zip: BETHLEHEM, PA 18017

Title: VPAS () Delete
Name: GLAROS, GEORGE Z
Address: 859 JENNINGS ST
City-St-Zip: BETHLEHEM, PA 18017

Title: AV () Delete
Name: ZARNAS, CONSTANTINE S
Address: 850 JENNINGS ST.
City-St-Zip: BETHLEHEM, PA 18017

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPAS (X) Change () Addition
Name: GLAROS, GEORGE Z
Address: 859 JENNINGS ST.
City-St-Zip: BETHLEHEM, PA 18017

Title: ATD (X) Change () Addition
Name: GLAROS, GEORGE Z
Address: 850 JENNINGS ST.
City-St-Zip: BETHLEHEM, PA 18017

Title: VPD () Change (X) Addition
Name: ZARNAS, CONSTANTINE S
Address: 850 JENNINGS ST.
City-St-Zip: BETHLEHEM, PA 18017

Title: AVP () Change (X) Addition
Name: ZARNAS, LEE
Address: 850 JENNINGS ST.
City-St-Zip: BETHLEHEM, PA 18017

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.

SIGNATURE: STEPHEN C. ZARNAS

P

02/27/2009

Electronic Signature of Signing Officer or Director

Date