


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000004529 1. Entity Name ZELLERMAYER SUPPLY CORP.	
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Principal Place of Business 1231 52ND STREET MANGONIA PARK, FL 33407	Mailing Address PO BOX 13026 NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-1886268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SINGER, GERALD 1109 MARINE WAY E L1L N PALM BCH, FL 33408

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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGER, GERALD 1109 MARINE WAY EAST N. PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINGER, MYRNA 1109 MARINE WAY EAST N. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINGER, ERIC 341 FURNACE DOCK RD CORLANDT MANOR, NY 10566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SINGER, DAVID 1521 VILLA JUNO DR JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80112-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	01/10/07 <small>Date</small>	561-848 0057 <small>Daytime Phone #</small>
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