# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 21, 2009**
**Secretary of State**

DOCUMENT# F96000001763

**Entity Name:** Z. Z. ZING, INC.

**Current Principal Place of Business:**

532 SPRINGTOWN RD
NEW PALTZ, NY 12561

**New Principal Place of Business:**

80501 OLD HIGHWAY
ISLAMORADA, FL 33036

**Current Mailing Address:**

532 SPRINGTOWN RD
NEW PALTZ, NY 12561

**New Mailing Address:**

P.O. BOX 377
ISLAMORADA, FL 33036

**FEI Number: 14-1688435** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIRWAN, DAVID P
6803 OVERSEAS HWY
MARATHON, FL 33050 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ZWERDLING, ALLEN
Address: 532 SPRINGTOWN ROAD
City-St-Zip: NEW PALTZ, NY 12561

Title: V ( ) Delete
Name: ZWERDLING, SHIRLEY
Address: 532 SPRINGTOWN ROAD
City-St-Zip: NEW PALTZ, NY 12561

Title: TS (X) Delete
Name: ZWERDLING, GARY
Address: 532 SPRINGTOWN ROAD
City-St-Zip: NEW PALTZ, NY 12561

Title: V (X) Delete
Name: ZWERDLING, SHERRY
Address: 80501 OLD HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: V (X) Delete
Name: HEYES, JAN J
Address: 2380 OLD TOPANGA CANYON
City-St-Zip: TOPANGA, CA 90290

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TSD (X) Change ( ) Addition
Name: ZWERDLING, GARY
Address: 532 SPRINGTOWN ROAD
City-St-Zip: NEW PALTZ, NY 12561

Title: PD (X) Change ( ) Addition
Name: ZWERDLING, SHERRY
Address: P.O. BOX 377
City-St-Zip: ISLAMORADA, FL 33036

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

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

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

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: SHERRY ZWERDLING PD 07/21/2009

Electronic Signature of Signing Officer or Director Date