


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # G24641 1. Entity Name ZAP ELECTRIC INTERNATIONAL, INC.	
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Principal Place of Business % THOMAS BINNS 1953 BARBER RD SARASOTA, FL 34240	Mailing Address % THOMAS BINNS 1953 BARBER RD SARASOTA, FL 34240
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03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2306816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BINNS, THOMAS 4852 GREENLEAF DR. SARASOTA, FL 33583
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**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rehashing)

DATE

000000002248

04/04/07-80078-010 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P BINNS, THOMAS 4852 GREENLEAF DR. SARASOTA, FL 00000, 34233
TITLE NAME STREET ADDRESS CITY ST ZIP	VTS WESTFALL, JAMES 1953 BARBER RD SARASOTA, FL 34240
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES B WESTFALL

3.26.07 (941) 377-0272
Date Daytime Phone #