

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90002 028 ***150.00

DOCUMENT # K19333

1. Entity Name
ZEBRA HOUSE, INC.



Principal Place of Business
**3654 HWY 71
MARIANNA, FL 32446**

Mailing Address
**956 CARLISLE RD.
CHIPLEY, FL 32428 US**

54067973



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. BOX 800

Suite, Apt. #, etc.

08052004

Chg-P

CR2E034 (10/03)

City & State

City & State
CHIPLEY, FL

4. FEI Number

59-2898901

Applied For

Not Applicable

Zip

Country

Zip
32428

Country
US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRAVEN, JAMES B.
315 S. BLVD W.
CHIPLEY, FL 32428**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CRAVEN, JAMES B.
315 S. BLVD W.
CHIPLEY, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HARRIS, SYLVIA C.
RT 1 BOX 524
BASCOM, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BRADLEY, ILA F.
RT 1 BOX 82
COTTONDALE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

James B. Craven

08-09-2004

(850)638-1230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #