

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90136 027 ***150.00

DOCUMENT # L27097

1. Entity Name

VAN ZANT ENTERPRISES, INC.



Principal Place of Business

% LEON C. VAN ZANT
2572 GREENHEAD RD
CHIPLEY FL 32428
16

Mailing Address

% LEON C. VAN ZANT
2572 GREENHEAD RD
CHIPLEY FL 32428



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P O BOX 1689

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

LYNN HAVEN FL

4. FEI Number

59-2974728

Applied For

Not Applicable

Zip

Country

Zip

Country

32444

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN ZANT, LEON C
2572 GREENHEAD RD
CHIPLEY FL 32428

Name

TIMOTHY L. VAN ZANT

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

Timothy L. Van Zant, President

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

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSC ☒ Delete
NAME VAN ZANT, LEON C.
STREET ADDRESS P O BOX 1689
CITY-ST-ZIP LYNN HAVEN FL 32444

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

TITLE V ☐ Delete
NAME VAN ZANT, TIMOTHY L.
STREET ADDRESS 2572 GREENHEAD ROAD
CITY-ST-ZIP CHIPLEY FL 32428

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS P O BOX 1689
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

TIMOTHY L. VAN ZANT

4/14/08

Date

SSD 203-2465

Daytime Phone #