


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90229 023 ***158.75

| | | | | | |
|--|-----------------------------|--|---|--|--|
| DOCUMENT # L82089 1. Entity Name Z-SEALANT, INC. | | | |  | |
| Principal Place of Business % MARK S. BLECHMAN 2724 N HWY 17-92, P.O. BOX 521400 LONGWOOD, FL 32750 | | | Mailing Address % MARK S. BLECHMAN 2724 N HWY 17-92, P.O. BOX 521400 LONGWOOD, FL 32750 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3033156 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| LUBET, MARC L ESQ 209 E RIDGEWOOD STREET ORLANDO, FL 32801 | | | | Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RAY, WILLIAM D JR | | NAME | | |
| STREET ADDRESS | 620 LAKE KATHRYN CIR | | STREET ADDRESS | | |
| CITY-ST-ZIP | CASSELBERRY, FL | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RAY, WILLIAM D III | | NAME | Pres. Ray, William D. III | |
| STREET ADDRESS | 1006 DUNHURST COURT | | STREET ADDRESS | 1006 Dunhurst Court | |
| CITY-ST-ZIP | LONGWOOD, FL 32750 | | CITY-ST-ZIP | Longwood FL 32750 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MIHELIC, FLEDA | | NAME | | |
| STREET ADDRESS | 180 BLUEBROOK CT. | | STREET ADDRESS | | |
| CITY-ST-ZIP | OVIDO, FL 32766 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | ST Shea Susan | |
| STREET ADDRESS | | | STREET ADDRESS | 1508 Lake Whitney Drive | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Windermere FL 34786 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 2-24-05 407-831-1318 <small>Date Daytime Phone #</small> | | |