

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L92805.

1. Entity Name
THE ZEROLL CO.



Principal Place of Business
3405 INDUSTRIAL 31ST ST
FORT PIERCE, FL 34946 US

Mailing Address
PO BOX 999
FT. PIERCE, FL 34954 US



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
34-1022256

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VAN VALKENBURG, LENNY
3405 31ST INDUSTRIAL STREET
FT. PIERCE, FL 34946

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

1000000107662
04/09/04-30024-100 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FUNKA, TOM JR 3405 31ST INDUSTRIAL ST. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VAN VALKENBURG, LENNY 3405 31ST INDUSTRIAL ST FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FUNKA, MARIA 3405 INDUSTRIAL 31ST STREET FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VAN VALKENBURG, LAURIE 3405 INDUSTRIAL 31ST STREET FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FUNKA, T.M. 3405 INDUSTRIAL 31ST STREET FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LENNY VAN VALKENBURG 4-6-04 772 461 3811