2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L92805

1. Entity Name
THE ZEROLL CO.

Principal Place of Business	Mailing Address
3405 INDUSTRIAL 31ST ST FORT PIERCE, FL 34946 US	PO BOX 999 FT. PIERCE, FL 34954 US

01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1022256
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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04/18/05-80114-004 150.00

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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: LENNY VANVALKENBURG 4-15-05 772 466 3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #