

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M75027**

1. Entity Name  
ZIP LUBE, INC.



Principal Place of Business

% BRIAN E. FITZGERALD  
903 1/2 NORTH MONROE ST  
TALLAHASSEE, FL 32303-6142

Mailing Address

% BRIAN E. FITZGERALD  
903 1/2 NORTH MONROE ST  
TALLAHASSEE, FL 32303-6142



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2892114

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**

FITZGERALD, BRIAN E.  
903 1/2 N MONROE ST  
TALLAHASSEE, FL 32301

**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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME FITZGERALD, BRIAN E.  
STREET ADDRESS 903 1/2 N MONROE ST  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE PSD  
NAME PETTY, JIMMY R.  
STREET ADDRESS P.O. BOX 204 N/A  
CITY-ST-ZIP CRAWFORDVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Jimmy R Petty* JIMMY R PETTY PRESIDENT