


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90074 017 ****61.25

DOCUMENT # N29593 1. Entity Name ZEK CORPORATION	
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Principal Place of Business 6851 WIRE RD. ZEPHYRHILLS FL 33540-1655 US	Mailing Address 6851 WIRE RD ZEPHYRHILLS FL 33540-1655 US
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2. Principal Place of Business 6851 WIRE RD. Suite, Apt. #, etc.	3. Mailing Address 6851 WIRE RD. Suite, Apt. #, etc.
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City & State Zephyrhills, Fl.	City & State Zephyrhills, Fl.
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4. FEI Number 59-2806594	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Zip 33542-1655	Country Pasco	Zip 33542-1655	Country Pasco
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1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent RITCHIE, R. MICHAEL 6531 FOXMOOR DR ZEPHYRHILLS FL 33541		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITCHIE, R MICHAEL 6531 FOXMOOR DR ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, JOHN 4204 INTERLAKE DR TAMPA FL 33688 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN JERRY ROBERTS 35452 JOMAR AVE. ZEPHYRHILLS, FL. 33541-4639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, WES 37338 CHURCH ST DADE CITY FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALICE M. PERRY 5344 HILL DR. ZEPHYRHILLS, FL. 33542-3332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAUFF, RAYMOND 5537 APACHE ST ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, DONALD 542 TEABERRY LOOP CHATTANOOGA TN 37410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ERLAND J. WITHEY 39835 SUNBURST DRIVE DADE CITY, FL. 33525-1474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Mary Jo Cole **MARY JO COLE - SECRETARY** 1-26-05 813-782-4604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #