



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90399 041 \*\*\*\*61.25

DOCUMENT # N29593						
1. Entity Name ZEK CORPORATION						
Principal Place of Business 6851 WIRE RD. ZEPHYRHILLS, FL 33542-1655 US			Mailing Address 6851 WIRE RD. ZEPHYRHILLS, FL 33542-1655 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	01042006	Chg-NP	CR2E037 (11/05)
4. FEI Number 59-2806594				Applied For Not Applicable		
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			
RITCHIE, R. MICHAEL 6531 FOXMOOR DR ZEPHYRHILLS, FL 33541			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City			
			FL			
			Zip Code			
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						
Filing Fee is \$61.25 Due by May 1, 2006		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						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RITCHIE, R MICHAEL		NAME			
STREET ADDRESS	6531 FOXMOOR DR		STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROBERTS, JOHN JERRY		NAME	EMANUEL Ruler		
STREET ADDRESS	35452 JOMAR AVE		STREET ADDRESS	Roberts, Sr. JOHN F.		
CITY-ST-ZIP	ZEPHYRHILLS, FL 335419639		CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRAUFF, RAYMOND		NAME			
STREET ADDRESS	5537 APACHE ST		STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WITNEY, ERLAND J		NAME			
STREET ADDRESS	39835 SUNBURST DRIVE		STREET ADDRESS			
CITY-ST-ZIP	DADE CITY, FL 335251974		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	
NAME			NAME	PERRY, ALICE M.	<input checked="" type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	5344 Hill DR		
CITY-ST-ZIP			CITY-ST-ZIP	ZEPHYRHILLS, FL		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	
NAME			NAME	WILLIAM KNAPP	<input checked="" type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	11116 MELODY LN		
CITY-ST-ZIP			CITY-ST-ZIP	DADE CITY, FL 33525		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>John F. Roberts Sr.</i>		John F. Roberts, Sr		4. 13-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		
				813-782-4604		
				Daytime Phone #		