

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000989

Entity Name: ZPAL, INC.

FILED
Apr 23, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 1227
ZEPHYRHILLS, FL 33541 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1227
ZEPHYRHILLS, FL 33541 US

New Mailing Address:

FEI Number: 59-3209732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILCOX, CHERYL
39351 BAY AVE
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

STANEK, GENE
39118 WOODLAND DR
ZEPHYRHILLS, FL 33542 US

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.

SIGNATURE: GENE STANEK

04/23/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILCOX, ROGER
Address: 39351 BAY AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: TD () Delete
Name: WILCOX, CHERYL
Address: 39351 BAY AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: M () Delete
Name: LAWSON, DAVID
Address: 319 SENTRY PALM AVE
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: FAHY, TRACY
Address: 34100 HWY 54 WEST
City-St-Zip: ZEPHYRHILLS, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STANEK, GENE
Address: 39118 WOODLAND DR
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: AD (X) Change () Addition
Name: LAWSON, DAVE
Address: 319 SENTRY PALM LN
City-St-Zip: PLANT CITY, FL 33566

Title: S (X) Change () Addition
Name: ARNEW, KATHY
Address: 3139 DRY BRANCH ST
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: T (X) Change () Addition
Name: WOOD, MELISSA
Address: 4814 TIMBER WAY
City-St-Zip: ZEPHYRHILLS, FL 33542

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA WOOD

T

04/23/2005

Electronic Signature of Signing Officer or Director

Date