


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90396 046 ****61.25

DOCUMENT # N99000006827					
1. Entity Name ZELLWOOD STATION RED CAPS, INC.					
Principal Place of Business ZELLWOOD STATION ZELLWOOD, FL 32798			Mailing Address BOX 782 ZELLWOOD, FL 32798		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3609030	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TASCARELLA, SALVATORE 2233 ORANGEWOOD CIR. ZELLWOOD, FL 32798			7. Name and Address of New Registered Agent Name <u>LYNN H. BLOCHER</u> Street Address (P.O. Box Number is Not Acceptable) <u>3924 COHEN DR.</u> City <u>ZELLWOOD</u> <u>FL</u> Zip Code <u>32798</u>		
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 <u>Lynn H Blocher</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>		<u>LYNN H. BLOCHER</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>3-13-06</u> <small>DATE</small>	
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 NAME STREET ADDRESS CITY-ST-ZIP	D BOETCHER, VIRBIL 2706 LK GRASS MERE CIR. ZELLWOOD, FL 32798	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / TD LYNN H. BLOCHER 3924 COHEN DR. ZELLWOOD, FL 32798	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINDENMUTH, JOHN M 3908 COHEN DRIVE ZELLWOOD, FL 32798	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS HAECK 2649 FAIRBLUFF RD. ZELLWOOD, FL 32798	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, JOHN 4212 OAK GROVE DR. ZELLWOOD, FL 32798	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JIM SHEENGE 2711 CANARY PALM CT. ZELLWOOD, FL 32798	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALVATORE, TASCARELLA 2233 ORANGEWOOD DR. ZELLWOOD, FL 32798	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, THOMAS 4125 OAK GROVE DR. ZELLWOOD, FL 32798	<input checked="" type="checkbox"/> Delete OK	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKARJUNE, ARNOLD 3337 NO CITRUS CIR. ZELLWOOD, FL 32798	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REX BEEHLER 2203 EVERGREEN CIR. ZELLWOOD, FL 32798	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Lynn H Blocher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-20-06</u> <small>Date</small>		<u>407-880-1241</u> <small>Daytime Phone #</small>

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