

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000024632

1. Entity Name
ZENON INDUSTRIES, INC.



Principal Place of Business
10990 S. SUNCOAST BLVD.
HOMOSASSA, FL 34448

Mailing Address
10990 S. SUNCOAST BLVD.
HOMOSASSA, FL 34448

FILED
May 03, 2005 08:00 AM
Secretary of State



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3650368

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

TEROVOLAS, JOHN
10990 S. SUNCOAST BLVD.
HOMOSASSA, FL 34448

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	TEROVOLAS, JOHN
STREET ADDRESS	5783 WESTSHORE DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	DVT
NAME	TEROVOLAS, JASON
STREET ADDRESS	5783 WESTSHORE DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000360092
05/05/05-80019-008 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #