## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 12, 2007 08:00 AM DOCUMENT # P00000030326 **Secretary of State** ZELLER CONTRACTING, INC. Mailing Address Principal Place of Business 1030 OSAGE STREET 1030 OSAGE STREET CLEARWATER, FL 33755 CLEARWATER, FL 33755 02072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3657611 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZELLER, JOSEPH DO NOT WRITE 1030 OSAGE STREET CLEARWATER, FL 33755 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, typed or primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVST** TITLE NAME ZELLER, JOSEPH STREET ADDRESS 1030 OSAGE STREET CITY-ST-21P CLEARWATER, FL 33755 TITLE 000000632129 02/21/07-80010-007 150.00 NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an atlantament with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ph LiZellar 2-7-07

(727) 365-7992

FILED

Daytime Phone #