

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 AUG 22 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000041282 1. Entity Name ZINK INSURANCE AGENCY, INC.					
Principal Place of Business 4415 SE FEDERAL HWY HOBE SOUND, FL 33455		Mailing Address 4415 SE FEDERAL HWY HOBE SOUND, FL 33455			
Principal Place of Business No P.O. Box # 9415 SE Federal Hwy		3. Mailing Address 9415 SE Federal Hwy			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hobe Sound		City & State FL		4. FEI Number 65-1008734	
Zip 33455		Country Martin		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZINK, LINDA M 8849 SE HAWKSBILL WAY HOBE SOUND, FL 33455				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ZINK, LINDA M 8849 SE HAWKSBILL WAY HOBE SOUND, FL 33455		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900108849989 08/30/07--01045--019 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900108849989 08/30/07--01045--020 **8.75	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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, 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: Linda M Zink <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 8-23-2007 Daytime Phone 546-5999		

1042

8/22/07



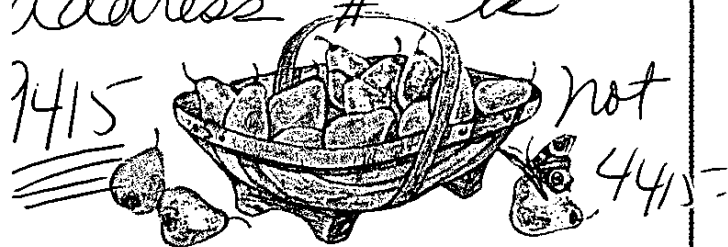
65-1008734

Cinda Zink

Hi Gary,
I was not sure
if I had to include
the \$8.75. So I
wrote a separate
check anyway.

* Reminder as
discussed, by
address # is

7415



not
4415



Cinda Zink

The original form
was never received.

The intent was
received in July!!
(See enclosed)

Please call me
to let me know
what happened.

If



It was nice
talking to you.

Linda Zink

