

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047245

Entity Name: ZIP FOAM SYSTEMS, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

5371 TAMARIND RIDGE DR
NAPLES, FL 34119

New Principal Place of Business:

5371 TAMARIND RIDGE DR
NAPLES, FL 34119 US

Current Mailing Address:

5371 TAMARIND RIDGE DR
NAPLES, FL 34119

New Mailing Address:

5371 TAMARIND RIDGE DR
NAPLES, FL 34119 US

FEI Number: 59-3718035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMBARDO, J CHRISTOPHER
3200 TAMiami TR N, STE 200
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRUECHT, WILLIAM
Address: 5371 TAMARIND RIDGE DR
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: FRUECHT, KATHY
Address: 5371 TAMARIND RIDGE DR
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM FRUECHT

P

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date