

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000056811
 1. Entity Name
ZANELLA AND ASSOCIATES, INC.



Principal Place of Business Mailing Address
1520 BAY ROAD **1520 BAY ROAD**
MOUNT DORA, FL 32757 **MOUNT DORA, FL 32757**

DO NOT WRITE IN THIS SPACE



03042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3724972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BELL, DIANE M
1520 BAY ROAD
MOUNT DORA, FL 32757

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

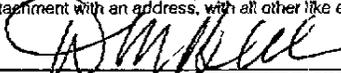
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BELL, DIANE M
STREET ADDRESS	1520 BAY ROAD
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	AVP
NAME	DOYLE, TIMOTHY A
STREET ADDRESS	1520 BAY ROAD
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 attachment with an address, with all other like empowered.

SIGNATURE:  4-17-06 352-735-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #