

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000056811

1. Entity Name
ZANELLA AND ASSOCIATES, INC.



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

Mailing Address
P.O. BOX 468
WILLIAMSON, GA 30292

FILED

08 APR -9 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3724972

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BELL, DIANE M Registered Agent Solutions Inc
1520 BAY ROAD
MOUNT DORA, FL 32757-155 office Plaza Dr
Suite A
Tallahassee, FL 32301

**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]*

(NOTE: Registered Agent signature required when reinstating)

4/9/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100122718611
04/09/08--01012--025 **158.75

**DO NOT WRITE
IN THIS SPACE**

24/9

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08

Date

Daytime Phone #