

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000035406**

**1. Entity Name**  
**ZENWEST, INC.**



**Principal Place of Business**  
**811 WASHINGTON STREET**  
**KEY WEST, FL 33040**

**Mailing Address**  
**807 WASHINGTON STREET**  
**KEY WEST, FL 33040**

**DO NOT WRITE IN THIS SPACE**



03142004 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**02-0575139**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**ZENSINGER, DAVID J**  
**1419 REYNOLDS STREET**  
**KEY WEST, FL 33040**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

000000105773  
04/07/04-20029-002 150.00

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**PTD**  
**ZENSINGER, MARCIA F**  
**811 WASHINGTON STREET**  
**KEY WEST, FL 33040**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**SVD**  
**ZENSINGER, DAVID J**  
**811 WASHINGTON STREET**  
**KEY WEST, FL 33040**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**NAME**  
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**CITY - ST - ZIP**

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify 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 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:** *David Zensinger* **David Zensinger** **3/5/04** **(305) 296-0550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #