


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90240 022 \*\*\*150.00

<b>DOCUMENT # P03000079651</b> 1. Entity Name <b>THE ZOLLINGER GROUP, INC.</b>			
Principal Place of Business <b>5629 STRAND BLVD., #409 NAPLES, FL 34110</b>		Mailing Address <b>5629 STRAND BLVD., #409 NAPLES, FL 34110</b>	
2. Principal Place of Business <b>5621 STRAND BLVD</b> Suite, Apt. #, etc. <b>#311</b>		3. Mailing Address <b>5621 STRAND BLVD</b> Suite, Apt. #, etc. <b>#311</b>	
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>	
Zip <b>34110</b>	Country <b>USA</b>	Zip <b>34110</b>	Country <b>USA</b>
4. FEI Number <b>04-3681423</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ZOLLINGER, JOHN K 5629 STRAND BLVD., #409 NAPLES, FL 34110</b>		7. Name and Address of New Registered Agent Name <b>ZOLLINGER John K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5621 STRAND BLVD #311</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34110</b>	
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: <i>John K Zollinger</i>		<b>JOHN K ZOLLINGER</b>	
(NOTE: Registered Agent signature required when reinstating)		DATE <b>01-11-06</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DPST</b>	NAME <b>ZOLLINGER, JOHN K</b>	TITLE <b>DPST</b>	NAME <b>ZOLLINGER, John K</b>
STREET ADDRESS <b>5629 STRAND BLVD., #409</b>	CITY-ST-ZIP <b>NAPLES, FL 34110</b>	STREET ADDRESS <b>5621 STRAND BLVD #311</b>	CITY-ST-ZIP <b>NAPLES, FL 34110</b>
TITLE <b>VP</b>	NAME <b>ZOLLINGER, JANE O</b>	TITLE <b>VP</b>	NAME <b>ZOLLINGER, JANE O</b>
STREET ADDRESS <b>5629 STRAND BLVD., #409</b>	CITY-ST-ZIP <b>NAPLES, FL 34110</b>	STREET ADDRESS <b>5621 STRAND BLVD #311</b>	CITY-ST-ZIP <b>NAPLES, FL 34110</b>
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: <i>John K Zollinger</i>	
<b>JOHN K ZOLLINGER</b>		<b>1/11/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
239-596-8200		Daytime Phone #	