

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P03000085767**

1. Entity Name  
ZENITHOPIA, INC.

Principal Place of Business  
5320 LITTLE ROAD #107  
NEW PORT RICHEY, FL 34655-1294

Mailing Address  
5320 LITTLE ROAD #107  
NEW PORT RICHEY, FL 34655-1294

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
20-0151555

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

GRAMLICH, STEVEN A  
5320 LITTLE ROAD #107  
NEW PORT RICHEY, FL 34655-1294

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR VOIGT, THOMAS E 5320 LITTLE RD 107 NEW PORT RICHEY, FL 34655
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000000236871  
02/21/05-80033-022 150.00

**DO NOT WRITE  
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:**

*Thomas E. Voigt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-05 727 312 3345  
Date Daytime Phone #