

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90385 012 \*\*\*150.00

**DOCUMENT # P03000106717**

1. Entity Name  
**ZILCOSKY ENTERPRISES, INC.**



40057015

Principal Place of Business  
**1680 SUNDANCE DR  
ST CLOUD, FL 34771**

Mailing Address  
**717 E OAK ST  
KISSIMMEE, FL 34744**

2. Principal Place of Business  
**6415 SE 57th Road**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03042006 Chg-P CR2E034 (11/05)

City & State  
**Center Hill, FL**

City & State

4. FEI Number  
**20-0237673**

Applied For  
Not Applicable

Zip  
**33514**

Country  
**US**

Zip

Country

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

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

**BAUMRUK, ANDY J CPA  
1680 SUNDANCE DRIVE  
SAINT CLOUD, FL 34771**

**7. Name and Address of New Registered Agent**

Name  
**Craig Zilcosky**

Street Address (P.O. Box Number is Not Acceptable)  
**6415 SE 57th Road**

City  
**Center Hill**

**FL**

Zip Code  
**33514**

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: *Craig Zilcosky*

(Signature, typed or printed name of registered agent or title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-18-06*

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ZILCOSKY, CRAIG  
1680 SUNDANCE DR  
ST CLOUD, FL 34771** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ZILCOSKY, LESHA  
1680 SUNDANCE DR  
ST CLOUD, FL 34771** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
6415 SE 57th Road  
Center Hill, FL 33514** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
6415 SE 57th Road  
Center Hill, FL 33514** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Craig Zilcosky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-18-06*