

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90072 026 ***150.00

DOCUMENT # P03000112902 1. Entity Name ZION LANE CORPORATION																																																					
Principal Place of Business 1645 BARTLETT AVENUE ORANGE PARK, FL 32073			Mailing Address 1645 BARTLETT AVENUE ORANGE PARK, FL 32073																																																		
2. Principal Place of Business		3. Mailing Address																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																			
City & State		City & State																																																			
Zip		Country		Zip																																																	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																	
ARCIBAL, EVELYN L 5728 ENGLISH OAK DRIVE SOUTH JACKSONVILLE, FL 32244				Name BERNARDO A. LOMONGSOO Street Address (P.O. Box Number is Not Acceptable) 1645 BARTLETT AVENUE City ORANGE PARK FL Zip Code 32073																																																	
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 BERNARDO A. LOMONGSOO Apr 26, 2004 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)																																																					
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																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>PRESIDENT BERNARDO A LOMONGSOO 1645 BARTLETT AVENUE ORANGE PARK FL 32073</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>VICE PRESIDENT ADOLFO R. ACORDA 5950 LONGCHAMP DR JACKSONVILLE, FL 32244</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>SECRETARY MARIA L IGNACIO 8548 COLONY PINE CR. WEST JACKSONVILLE, 32244</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Treasurer EVELYN L. ARCIBAL 5728 ENGLISH OAK DR JACKSONVILLE, FL 32244</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DIRECTOR BERNARDO A LOMONGSOO 6141 SHELTER CREEK SAN BRUNO, CA 94066</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DIRECTOR JANE L. SANTOMAURO 1515 NE 190TH ST SEATTLE, WA 98155</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition		PRESIDENT BERNARDO A LOMONGSOO 1645 BARTLETT AVENUE ORANGE PARK FL 32073						VICE PRESIDENT ADOLFO R. ACORDA 5950 LONGCHAMP DR JACKSONVILLE, FL 32244						SECRETARY MARIA L IGNACIO 8548 COLONY PINE CR. WEST JACKSONVILLE, 32244						Treasurer EVELYN L. ARCIBAL 5728 ENGLISH OAK DR JACKSONVILLE, FL 32244						DIRECTOR BERNARDO A LOMONGSOO 6141 SHELTER CREEK SAN BRUNO, CA 94066						DIRECTOR JANE L. SANTOMAURO 1515 NE 190TH ST SEATTLE, WA 98155				
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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 address with all other like empowered.																																																					
SIGNATURE: BERNARDO A. LOMONGSOO Apr. 26, 2004 904-379-1414 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DUTY STATE #																																																					

94068025



01132004 Chg-P CR2E034 (10/03)

4. FEI Number **11-3705515** Applied For ☐ Not Applicable ☐

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