

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90050 019 ***150.00

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1. Entity Name

CUSTOM HOMES & REMODELING BY WILLIAM ZINSER INC.

Principal Place of Business
721 N. MANASOTA KEY
ENGLEWOOD FL 34223
US

Mailing Address
721 N. MANASOTA KEY
ENGLEWOOD FL 34223
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

20-0304242

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCIER, LETETIA
508 N. INDIANA AVENUE
ENGLEWOOD FL 34223

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 U.S. If not applicable.

(NOTE: Registered agent signature required when submitting to)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DPS ☐ Delete
NAME: ZINSER, WILLIAM
STREET ADDRESS: 721 N MANASOTA KEY
CITY-ST-ZIP: ENGLEWOOD FL 34223

TITLE: DVPT ☐ Delete
NAME: ZINSER, SANDRA
STREET ADDRESS: 721 N MANASOTA KEY
CITY-ST-ZIP: ENGLEWOOD FL 34223

TITLE: S ☐ Delete
NAME: ZINSER, CHRISTIAN M
STREET ADDRESS: 1708 WHARF RD. →
CITY-ST-ZIP: SARASOTA FL 34231 →

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 5961 NUTMEG AVE
CITY-ST-ZIP: SARASOTA, FL 34231

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William Zinser* William Zinser Pres. 1/28/08 841-497-5728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #