

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000127441

1. Entity Name  
ZAGGIA ELECTRIC COMPANY, INC.



Principal Place of Business  
918 GROVEWOOD DR  
DUNEDIN, FL 34698

Mailing Address  
918 GROVEWOOD DR  
DUNEDIN, FL 34698

**DO NOT WRITE IN THIS SPACE**

**FILED  
Mar 24, 2008 8:00 am  
Secretary of State**

03-24-2008 90049 010 \*\*\*150.00

4 u u u u u



03092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0379086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FEMINO, STEPHEN J  
918 GROVEWOOD DR  
DUNEDIN, FL 34698

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZAGGIA, RICHARD P
STREET ADDRESS	918 GROVEWOOD DR
CITY-ST-ZIP	DUNEDIN, FL 34698

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/08 (27)736-1854  
Date Daytime Phone #