
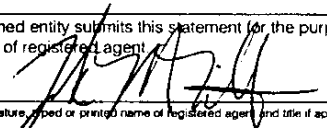
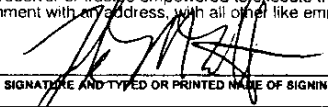


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90035 022 ***150.00

DOCUMENT # P03000134132 1. Entity Name ZADOK MILLS CONSTRUCTION INC.																											
Principal Place of Business 2425 BEACH AVE APOPKA, FL 32703		Mailing Address P O BOX 753 OCOOE, FL 34761																									
2. Principal Place of Business - No P.O. Box # 5006 Knights Gntlin Rd Suite, Apt. #, etc.		3. Mailing Address PO BOX 215 Suite, Apt. #, etc.																									
City & State Plant City, FL Zip 33565 Country USA		City & State Durant, FL Zip 33530 Country USA																									
4. FEI Number 20-0402487		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MILLS, ZADOK M 2425 BEACH AVENUE APOPKA, FL 34703		7. Name and Address of New Registered Agent Name Zadok M Mills Street Address (P.O. Box Number is Not Acceptable) 5006 Knights Gntlin Rd City Plant City FL Zip Code 33565																									
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  DATE 7/17/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P MILLS, ZADOK M</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>P O BOX 753</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>OCOOE, FL 34761</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P MILLS, ZADOK M	<input type="checkbox"/> Delete	NAME	P O BOX 753		STREET ADDRESS	OCOOE, FL 34761		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">President</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Zadok M Mills</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 215</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Durant FL 33530</td> <td></td> </tr> </table>		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Zadok M Mills		STREET ADDRESS	PO BOX 215		CITY-ST-ZIP	Durant FL 33530	
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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 my address, with all other like empowered.																											
SIGNATURE: 		Date 7/17/07 Daytime Phone 407-383-2683																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											