



FILED
Apr 18, 2005 8:00 am
Secretary of State



50037399

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|---|---|--|---|--|--|
| DOCUMENT # P04000005046 | |  | | Secretary of State 04-18-2005 90319 002 ***150.00 | |
| 1. Entity Name ZENITH DEVELOPMENT, INC. | | | | | |
| Principal Place of Business 1377 2ND AVENUE NEWPORT, MN 55055 US | | Mailing Address 1377 2ND AVENUE NEWPORT, MN 55055 US | | | |
| 2. Principal Place of Business 1830 BARRY DRIVE Suite, Apt. #, etc. | | 3. Mailing Address 1830 BARRY DRIVE Suite, Apt. #, etc. | | 50037399  | |
| City & State NEWPORT, MN | | City & State NEWPORT, MN | | 4. FEI Number 04112005 Chg-P CR2E034 (10/03) | |
| Zip 55055 | Country USA | Zip 55055 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CLARK, F. N 1404 WHITFIELD AVENUE SARASOTA, FL 34243 | | | | 7. Name and Address of New Registered Agent 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 <i>[Signature]</i> DATE 4/11/05 <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 After May 1, 2005 Fee will be \$350.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.S. MILNAR, LLOYD E 1377 2ND AVENUE NEWPORT, MN 55055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1830 BARRY DRIVE NEWPORT, MN 55055 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MILNAR, LLOYD E 1377 2ND AVE NEWPORT, MN 55055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1830 BARRY DRIVE NEWPORT, MN 55055 | | |
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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 an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | DATE 4/11/05 DAYTIME PHONE # 451-459-0885 | | | |