

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000005819

1. Entity Name
THOMAS ZORETIC, INCORPORATED



Principal Place of Business
**3415 BASEBALL POND RD
BROOKSVILLE, FL 34602**

Mailing Address
**3415 BASEBALL POND RD
BROOKSVILLE, FL 34602**

FILED
Jan 25, 2006 08:00 AM
Secretary of State



01222006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0488136

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**ZIMMER LAWSON, MONICA
2403 STATE ST
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

9. 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	ZORETIC, THOMAS	
STREET ADDRESS	3415 BASEBALL POND RD	
CITY-ST-ZIP	BROOKSVILLE, FL 34602	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000401653
02/02/06-80054-003 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

Thomas Zoretic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/06 (352) 796-0061
Date Daytime Phone #