2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000005819

1. Entity Name
THOMAS ZORETIC, INCORPORATED

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

DO NOT WRITE IN THIS SPACE

04232008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0488136	Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZIMMER LAWSON, MONICA
2403 STATE ST
TAMPA, FL 33609

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	U00000924997 05/20/08-80009-008 158.75

10.   OFFICERS AND DIRECTORS

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

TITLE	
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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: _Thomas Zoretic_   Thomas Zoretic   4/23/08   352-796-0061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #