

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057062

Entity Name: ZD KAPLAN INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

521 PAINTED LEAF DR
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

521 PAINTED LEAF DR
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 20-0947348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, ZACHARY
521 PAINTED LEAF DR
BROOKSVILLE, FL 34604 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: KAPLAN, ZACHARY
Address: 521 PAINTED LEAF DR
City-St-Zip: BROOKSVILLE, FL 34604

Title: S,D () Delete
Name: KAPLAN, DEBORAH
Address: 521 PAINTED LEAF DR
City-St-Zip: BROOKSVILLE, FL 34604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZACHARY KAPLAN

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date