

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000071228

1. Entity Name

ZAMBEZI ENTERPRISES, INC.



Principal Place of Business

498 ROBERTS DR
DEFUNIAK SPRINGS FL 32433
US

Mailing Address

498 ROBERTS DR
DEFUNIAK SPRINGS FL 32433
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 42-1630331

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

2nd MOORE CR2E034 (4/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, JOHN E
498 ROBERTS DR
DEFUNIAK SPRINGS FL 32433

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
CAMPBELL, JOHN E
STREET ADDRESS 498 ROBERTS DR
CITY - ST - ZIP DEFUNIAK SPRINGS FL 32433

TITLE NAME ☐ Change ☐ Addition
U000000771353
08/03/07-80003-014 150.00
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E Campbell, 08/02/07

Date

850-892-6350

Daytime Phone #