

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000089503

Entity Name: ZIII SERVICE CORP.

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1258 ST. JOHN'S BLUFF RD. N  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 54285  
JACKSONVILLE, FL 32245

**New Mailing Address:**

FEI Number: 71-0968386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZALUSKY, RAYMOND C III  
1258 ST. JOHN'S BLUFF RD. N.  
JACKSONVILLE, FL 32225 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ZALUSKY, RAYMOND C III  
Address: 1258 ST. JOHN'S BLUFF RD. N.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: STD  
Name: ZALUSKY, AMY P  
Address: 1258 ST. JOHN'S BLUFF RD. N.  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND ZALUSKY

PD

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date