

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90064 044 ***150.00

40101001



08162006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1889598 Applied For Not Applicable

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

DOCUMENT # P04000156347

1. Entity Name
ZAPA MANAGEMENT INC.



Principal Place of Business
10291 MARBLE EGRET DR.
JACKSONVILLE, FL 32257 US

Mailing Address
10291 MARBLE EGRET DR.
JACKSONVILLE, FL 32257 US

2. Principal Place of Business

6271 St. Augustine Rd

Suite, Apt. #, etc.

Suite 17

City & State
Jacksonville FL

Zip 32217

Country

3. Mailing Address

6271 St. Augustine Rd

Suite, Apt. #, etc.

Suite 17

City & State
Jacksonville FL

Zip 32217

Country

6. Name and Address of Current Registered Agent

GEREVITS, ZINOVYI M
10291 MARBLE EGRET DR.
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name WESLEY PAXSON JR.

Street Address (P.O. Box Number is Not Acceptable)

6271 ST. AUGUSTINE RD.

SUITE 17

City JACKSONVILLE

FL

Zip Code 32217

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 *Wesley Paxson Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/16/06

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GEREVITS, ZINOVYI M
STREET ADDRESS 10291 MARBLE EGRET DR.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP, S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME P.D.T. WESLEY PAXSON JR.
STREET ADDRESS 6271 ST AUGUSTINE RD., SUITE 17
CITY-ST-ZIP JACKSONVILLE, FL 32217

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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: *Wesley Paxson Jr. Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/06 (904) 425-6991

Date Daytime Phone #