


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90011 030 ***150.00

DOCUMENT # P05000020656	
1. Entity Name 1 ZERO C REALTY, INC.	

Principal Place of Business 1550 LONDON AVE. JACKSONVILLE, FL 32207	Mailing Address PO BOX 48115 JACKSONVILLE, FL 32247
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2. Principal Place of Business - No P.O. Box # 8613 Old Kings Road Suite, Apt. #, etc. 501	3. Mailing Address PO Box 48115 Suite, Apt. #, etc.
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City & State Jacksonville FL	City & State Jacksonville FL
Zip 32217	Zip 32247
Country	Country

40034000




02222008 Chg-P CR2E034 (12/06)

4. FEI Number 25-1910250	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARTER, GRETA M 1550 LONDON AVE. JACKSONVILLE, FL 32207	7. Name and Address of New Registered Agent Name CARTER, GRETA M Street Address (P.O. Box Number is Not Acceptable) 8613 Old Kings Road Ste 501 KINGS City Jacksonville FL Zip Code 32217
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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  (NOTE: Registered Agent signature required when renewing)	DATE 2-22-8
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, GRETA M 1550 LONDON AVE. JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T CARTER, GRETA M 8613 Old Kings Rd Jacksonville FL 32217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S DAVID Gauthier 8613 Old Kings Rd Jacksonville FL 32217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  GRETA M CARTER	Date 2-22-8 904 399 5883