

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000039405

1. Entity Name
ZUTONA HOLDING INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 26 AM 9:46

Principal Place of Business
64 HICKORY TRACK WAY
OCALA, FL 34472

Mailing Address
POB 831077
OCALA, FL 34483

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

08132008

Chg-P

CR2E034 (12/06)

4. FEI Number
33-1113946

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABDALLAH, MANAL H
64 HICKORY TRACK WAY
OCALA, FL 34472

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

Amended AR is \$61.25

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 D
NAME ABDALLAH, MANAL H
STREET ADDRESS 64 HICKORY TRACK WAY
CITY-ST-ZIP Ocala, FL 34472 ☒ Delete

TITLE M
NAME DEBRA D. FOULKES
STREET ADDRESS 64, HICKORY TRACK WAY
CITY-ST-ZIP Ocala, FLORIDA 34472 ☐ Change ☒ Addition

TITLE D
NAME ABDALLAH, EHAB H
STREET ADDRESS 64 HICKORY TRACK WAY
CITY-ST-ZIP Ocala, FL 34472 ☒ Delete

TITLE V
NAME ADEL HASAN
STREET ADDRESS 64, HICKORY TRACK WAY
CITY-ST-ZIP Ocala, FL 34472 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME ABDALLAH HASSAN
STREET ADDRESS 64, HICKORY TRACKWAY
CITY-ST-ZIP Ocala, FL 34472 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 700135281237
09/03/08--01005--017 **61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DB 8/26/08 ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #