


FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90066 037 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000048459			
1. Entity Name ZACK-A-SNACK, INC.			
Principal Place of Business P.O. BOX 1023 PLANT CITY, FL 33564		Mailing Address P.O. BOX 1023 PLANT CITY, FL 33564	
2. Principal Place of Business - No P.O. Box # 6417 Ashville Drive - Suite, Apt. #, etc.		3. Mailing Address 6417 Ashville Drive Suite, Apt. #, etc.	
City & State Zephyrhills, FL		City & State Zephyrhills, FL	
Zip 33542		Zip 33542	
Country Pasco		Country Pasco	
4. FEI Number 20-2600680		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent H.B. ROSS & CO. 5243 GALL BLVD SUITE 4 ZEPHYRHILLS, FL 33542		7. Name and Address of New Registered Agent Name: Steve Becece Street Address (P.O. Box Number is Not Acceptable): 6417 Ashville Drive City: Zephyrhills FL Zip Code: 33542	
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: <i>Steve E. Becece</i> DATE: 3-3-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BESECE, STEVE P.O. BOX 1023 PLANT CITY, FL 33564 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6417 Ashville Drive Zephyrhills, FL 33542
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
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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 I am empowered.			
SIGNATURE: <i>Steve E. Becece</i>		Date: 3-3-08 Daytime Phone #: (813) 779-0560	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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03042008 Chg-P CR2E034 (12/06)