

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90026 040 ***150.00

DOCUMENT # P05000054376

1. Entity Name
ZERO FLUSH, INC.



Principal Place of Business
**30008-3016 LIONS COURT
KISSIMMEE, FL 34744**

Mailing Address
**30008-3016 LIONS COURT
KISSIMMEE, FL 34744**

2. Principal Place of Business - No P.O. Box #
3008-3016 Lions Ct
Suite, Apt. #, etc.

3. Mailing Address
3008-3016 Lions Ct.
Suite, Apt. #, etc.



01252008 Chg-P CR2E034 (12/06)

City & State
KISSIMMEE, FL
Zip
34744 Country
USA

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Kissimmee, FL
Zip
34744 Country
USA

4. FEI Number
50-3279570 20-2692275 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JUDY, MANNELLA
1511 SUNSET POINTE PLACE
KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

Name
GEORG KUENG
Street Address (P.O. Box Number is Not Acceptable)
1511 SUNSET POINTE PLACE
City
Kissimmee FL Zip Code
34744

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
J. Mannelle

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

(NOTE: Registered Agent signature required when reinstating)

DATE
1/29/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KUENG, GEORG
1511 SUNSET POINTE PLACE
KISSIMMEE, FL 34744** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MANNELLA, JUDY
1511 SUNSET POINTE PLACE
KISSIMMEE, FL 34744** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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☐ Change ☐ Addition

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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
1/29/08

Daytime Phone #