

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096169

Entity Name: ZEUS ENTERPRISES SALES, INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

6994 46TH AVE NORTH
ST PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

3000 56TH AVE NORTH
ST PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 20-3109213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLINS, DONALD R
32 21ST STREET NORTH
ST PETERSBURG, FL FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHRANS, TRAVIS E
Address: 3000 56TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33714

Title: VP () Delete
Name: SCHRANS, TRAVIS E
Address: 3000 56TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33714

Title: T () Delete
Name: SCHRANS, TRAVIS E
Address: 3000 56TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33714

Title: S () Delete
Name: SCHRANS, TRAVIS E
Address: 3000 56TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRAVIS SCHRANS

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date