2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/

DOCUMENT # P06000062306

1. Entity Name
ZIMMER-ART, INC.

Principal Place of Business	Mailing Address
1536 LIME STREET	1536 LIME STREET
CLEARWATER, FL 33756	CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

66004946

02242008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-4805154	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZIMMERMAN, HARRY E
1536 LIME STREET
CLEARWATER, FL 33756

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	ZIMMERMAN, HARRY E
STREET ADDRESS	1536 LIME STREET
CITY-ST-ZIP	CLEARWATER, FL 33756

TITLE	D
NAME	ZIMMERMAN, VIRGINIA M
STREET ADDRESS	1536 LIME STREET
CITY-ST-ZIP	CLEARWATER, FL 33756

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 2/8/08   727/09-5294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   /Date   Daytime Phone #