


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90024 031 \*\*\*150.00

**DOCUMENT # P07000001769**


1. Entity Name  
**ZONE GROUP INC**



Principal Place of Business      Mailing Address  
**5218 PAYLOR LANE**      **5218 PAYLOR LANE**  
**SARASOTA, FL 34240 US**      **SARASOTA, FL 34240 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**7557 KEY DEER CT**      **PO Box 61760**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State **FORT MYERS, FL**      City & State **FORT MYERS, FL**  
 Zip **33966**      Country **US**      Zip **33906**      Country **US**



02182008      Chg-P      CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**AMERICAN PIONEERS ADVSIORY INC**  
**5218 PAYLOR LANE**  
**SARASOTA, FL 34240**

4. FEI Number **03-0612995**      Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_

**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                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>UPTON, CHRISTOPHER J</b><br><b>5218 PAYLOR LANE</b><br><b>SARASOTA, FL 34240</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P</b><br><b>UPTON, CHRISTOPHER J</b><br><b>7557 KEY DEER CT</b><br><b>FORT MYERS, FL 33966</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____ <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____ <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____ <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____ <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _____ <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 like empowered.

**SIGNATURE:**       **2/18/08**      **239-995-5831**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #