

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2008 8:00 am
Secretary of State

04-18-2008 90044 040 ***150.00

DOCUMENT # P07000049966 1. Entity Name ZAJAC REFRIGERATED TRANSPORT, INC.					
Principal Place of Business 5259 NW RUGBY DR. PORT ST. LUCIE FL 34983			Mailing Address 5259 NW RUGBY DR. PORT ST. LUCIE FL 34983		
2. Principal Place of Business - No P.O. Box # Same as above		3. Mailing Address Same as above			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 20-8943268	
Zip 		Country 		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAJAC, MICHAEL 5259 NW RUGBY DR. PORT ST. LUCIE FL 34983				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 <i>Michael Zajac President</i> Signature, typed or printed name of authorized representative of the corporation. <i>[Signature]</i> Signature, typed or printed name of authorized representative of the corporation. <i>4-6-08</i> DATE					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 PT NAME ZAJAC, MICHAEL STREET ADDRESS 5259 NW RUGBY DR. CITY-ST-ZIP PORT ST. LUCIE FL 34983	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE VS NAME ZAJAC, JOLEEN STREET ADDRESS 5259 NW RUGBY DR. CITY-ST-ZIP PORT ST. LUCIE FL 34983	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <i>Joleen Zajac</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			772-621-4162 Date Daytime Phone #		