

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000019335

Entity Name: THOMAS ZRALLACK, INC.

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

100 CANE BREAKERS DR.,  
#207  
COCOA, FL 32927 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 404  
SHARPES, FL 329590404 US

**New Mailing Address:**

FEI Number: 27-2045168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZRALLACK, THOMAS SR  
100 CANE BREAKERS DR  
#207  
COCOA, FL 32927 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

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: ZRALLACK, THOMAS SR  
Address: 100 CANE BREAKERS DR., #207  
City-St-Zip: COCOA, FL 32927 US

Title: S, T  
Name: ZRALLACK, THOMAS SR  
Address: 100 CANE BREAKERS DR., #207  
City-St-Zip: COCOA, FL 32927 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS ZRALLACK

P

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date