

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17519

FILED
Apr 09, 2009
Secretary of State

Entity Name: ZERO AMMUNITION COMPANY, INC.

Current Principal Place of Business:

1601 22ND STREET S.E.
CULLMAN, AL 35055 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1188
CULLMAN, AL 350561188 US

New Mailing Address:

FEI Number: 63-0730218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PST () Delete
Name: STALLINGS, MARGARET
Address: 1601 22ND ST SE
City-St-Zip: CULLMAN, AL 35055

Title: SEC () Delete
Name: STALLINGS, MARGARET
Address: 1601 22ND STREET S.E.
City-St-Zip: CULLMAN, AL 35055

Title: VP () Delete
Name: STALLINGS, FRED
Address: 1601 22ND STREET S.E.
City-St-Zip: CULLMAN, AL 35055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: STALLINGS, MARGARET
Address: 1601 22ND ST SE
City-St-Zip: CULLMAN, AL 35055

Title: SEC (X) Change () Addition
Name: STALLINGS, MARGARET
Address: 1601 22ND STREET S.E.
City-St-Zip: CULLMAN, AL 35055

Title: VP (X) Change () Addition
Name: STALLINGS, FRED
Address: 1601 22ND STREET S.E.
City-St-Zip: CULLMAN, AL 35055

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: MARGARET STALLINGS

PST

04/09/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date