

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000022609**

1. Entity Name  
75/275 INVESTMENT CORP.



Principal Place of Business  
15802 AMBERLY DR  
C/O JOHN T. ZIELENBACH  
TAMPA, FL 33647 US

Mailing Address  
15802 AMBERLY DR  
C/O JOHN T. ZIELENBACH  
TAMPA, FL 33647 US



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3175961</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ALEXANDER, LARRY B  
505 S. FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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

000000812589  
02/12/08-80055-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MEANS, JOHN
STREET ADDRESS	1 RIVERFRONT CENTER
CITY-ST-ZIP	PITTSBURGH, PA

TITLE	DST
NAME	APOSTOLICAS, GEORGE
STREET ADDRESS	221 HANOVER ST.
CITY-ST-ZIP	MANCHESTER, NH

TITLE	DVP
NAME	ZIELENBACH, JOHN T.
STREET ADDRESS	15802 AMBERLY DR.
CITY-ST-ZIP	TAMPA, FL

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08

Date

813-972-3430

Daytime Phone #