


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90111 006 ***150.00

DOCUMENT # P94000054207

1. Entity Name
Z K CONSTRUCTION CO., INC.



Principal Place of Business
**5121 ELLENDALE AVENUE
 TAMPA, FL 33625**

Mailing Address
**5121 ELLENDALE AVENUE
 TAMPA, FL 33625**

50013943



2. Principal Place of Business
17311 Lakeshore RD
 Suite, Apt. #, etc.

3. Mailing Address
17311 Lakeshore RD
 Suite, Apt. #, etc.

02132006 Chg-P CR2E034 (11/05)

City & State
Lutz FL

City & State
Lutz FL

Zip
FL 33558

Country
Hills

Zip
33558

Country
Hills

4. FEI Number
59-3256897

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAMILTON, ANDRE E
5121 ELLENDALE AVENUE
TAMPA, FL 33625

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
17311 Lakeshore RD
 City **Lutz FL 33558**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, ANDRE E 5121 ELLENDALE AVENUE TAMPA, FL 33625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, SHEILA C 5121 ELLENDALE AVENUE TAMPA, FL 33625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMILTON, PHILLIP 10111 N. ARDEN AVE. TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hamilton Andre E 17311 Lakeshore RD Lutz FL 33558	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Hamilton Sheila C 17311 Lakeshore RD Lutz FL 33558	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: Andre Hamilton **ANDRE HAMILTON** Apr. 17/06 **813 244-0476**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #