

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000056286

1. Entity Name
ZPR INVESTMENT MANAGEMENT, INC.



Principal Place of Business
1642 NORTH VOLUSIA AVE.
ORANGE CITY, FL 32763

Mailing Address
1642 NORTH VOLUSIA AVE.
ORANGE CITY, FL 32763

FILED
Jan 22, 2007 08:00 AM
Secretary of State



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3258506

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZAVANELLI, MAX
1642 NORTH VOLUSIA AVE.
ORANGE CITY, FL 32763

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	FAY, RUTH ANN
STREET ADDRESS	1642 N. VOLUSIA AVE.
CITY-ST-ZIP	ORANGE CITY, FL
TITLE	PT
NAME	ZAVANELLI, MAX
STREET ADDRESS	1642 N. VOLUSIA AVE.
CITY-ST-ZIP	ORANGE CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/07-80067-006 158.75

**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

Max Zavanelli
Date

Daytime Phone #

775-1177
386-1177