
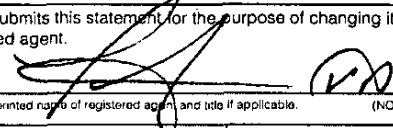
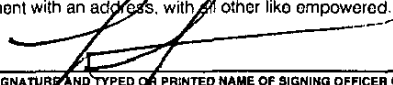


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90407 047 ***150.00

DOCUMENT # P94000072480 1. Entity Name ZOOK HEAVY EQUIPMENT REPAIR, INC.			
Principal Place of Business 676 S HIGHWAY 17-92 DEBARY, FL 32713 US		Mailing Address PO BOX 786 DEBARY, FL 32713 US	
2. Principal Place of Business 970 McKenzie Rd		3. Mailing Address 970 McKenzie Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Lake Helen, FL		City & State Lake Helen, FL	
Zip 32744		Zip 32744	
Country Volusia		Country Volusia	
4. FEI Number 59-3211142		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZOOK, LISA 153 SANFORD AVE DEBARY, FL 32713		7. Name and Address of New Registered Agent Name Zook, Lisa Street Address (P.O. Box Number is Not Acceptable) 970 McKenzie Rd City Lake Helen FL 32744	
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 4-27-05 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZOOK, CHARLES JR 153 SANFORD AVE DEBARY, FL 32713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Zook, Charles Jr 970 McKenzie Rd Lake Helen FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST ZOOK, LISA A 153 SANFORD AVE DEBARY, FL 32413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST Zook Lisa A 970 McKenzie Rd Lake Helen FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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 an other like empowered.			
SIGNATURE: 		LISA A. Zook VP 4-28-05 (386) 228-2881 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	