

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90013 048 ***150.00

DOCUMENT # P95000069409

1. Entity Name
ZAND ENTERPRISE, INC.



Principal Place of Business
1301 BEVILLE ROAD
UNIT 7
DAYTONA BEACH, FL 32119 US

Mailing Address
1301 BEVILLE ROAD
UNIT 7
DAYTONA BEACH, FL 32119 US

40101903



2. Principal Place of Business - No P.O. Box #
1898 S Clyde Morris Blvd

3. Mailing Address
1898 S Clyde Morris Blvd

Suite, Apt. #, etc.
Suite 500

Suite, Apt. #, etc.
Suite 500

City & State
Daytona Beach, FL

City & State
Daytona Beach, FL

Zip
32119

Country
Volusia

Zip
32119

Country
Volusia

04112008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0610082

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMENDOLAGINE, MARILYN
1301 BEVILLE RD.
UNIT 7
DAYTONA, FL 32119

7. Name and Address of New Registered Agent

Name
1898 S Clyde Morris Blvd Suite 500

Street Address (P.O. Box Number is Not Acceptable)

City **Daytona Beach** **FL** Zip Code **32119**

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 *Marilyn Amendolagine*
Marilyn Amendolagine

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-08

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**

10. OFFICERS AND DIRECTORS

TITLE
PD

NAME
AMENDOLAGINE, MICHAEL

STREET ADDRESS
1301 BEVILLE ROAD UNIT 7

CITY-ST-ZIP
DAYTON, FL 32119

☐ Delete

TITLE
VSTD

NAME
AMENDOLAGINE, MARILYN

STREET ADDRESS
1301 BEVILLE RD., UNIT 7

CITY-ST-ZIP
DAYTONA BEACH, FL 32119

☐ Delete

TITLE
NAME

STREET ADDRESS
NAME

CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD

NAME
Amendolagine, Michael

STREET ADDRESS
1898 S Clyde Morris Blvd Suite 500

CITY-ST-ZIP
Daytona Beach, FL 32119

☒ Change ☐ Addition

TITLE
VSTD

NAME
Amendolagine, Marilyn

STREET ADDRESS
1898 S Clyde Morris Blvd Suite 500

CITY-ST-ZIP
Daytona Beach, FL 32119

☒ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
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☐ Change ☐ Addition

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STREET ADDRESS
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CITY-ST-ZIP
NAME

☐ Change ☐ 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 *Marilyn Amendolagine*
Marilyn Amendolagine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-08 386-
322-0673

Date

Daytime Phone #