2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90039 043 ***150.00

DOCUMENT # P96000022209

1. Entity Name
ZACKRISON ASSOCIATES, INC.

Principal Place of Business
1678 WAXWING COURT
VENICE, FL 34293

Mailing Address
P.O BOX 1843
VENICE, FL 34284

01132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 9411 S.E. 137th St. Rd.
Suite, Apt. #, etc.
City & State: Summerfield, FL
Zip: 34491 Country: Marion

3. Mailing Address: PO Box 1059
Suite, Apt. #, etc.
City & State: Summerfield, FL
Zip: 34492 Country: Marion

4. FEI Number: 59-3368965 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ZACKRISON, WALTER J
1678 WAXWING COURT
VENICE, FL 34293

7. Name and Address of New Registered Agent
Name: Walter J. Zackrison
Street Address (P.O. Box Number is Not Acceptable): 9411 S.E. 137th St. Rd.
City: Summerfield FL Zip Code: 34491

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: Walter J Zackrison DATE: 1/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P ZACKRISON, WALTER J 1678 WAXWING COURT VENICE, FL 34293	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Walter J. Zackrison 9411 S.E. 137th St. Rd. Summerfield, FL 34491	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.

SIGNATURE: Walter J. Zackrison President 1/13/05 (352)245-5767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #