


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90008 034 ***550.00

DOCUMENT # P96000022209	
1. Entity Name ZACKRISON ASSOCIATES, INC.	

Principal Place of Business 9411 S.E. 137TH STREET ROAD SUMMERFIELD FL 34491	Mailing Address P O BOX 1859 SUMMERFIELD FL 34492
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2. Principal Place of Business - No. P.O. Box # 515 Park Estates Square	3. Mailing Address P O Box 1942
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/07)

City & State Venice, FL	City & State Venice, FL
Zip 34293	Country Sarasota
Zip 34284	Country Sarasota

4. FEI Number 59-3368965	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZACKRISON, WALTER J 9411 S.E. 137TH STREET ROAD SUMMERFIELD FL 34491	
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7. Name and Address of New Registered Agent Name Walter J. Zackrison Street Address (P.O. Box Number is Not Acceptable) 515 Park Estates Square City Venice FL Zip Code 34293	
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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 8/7/07 <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when consolidating)</small>	
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FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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	<input type="checkbox"/> Delete ZACKRISON, WALTER J 9411 S.E. 137TH STREET ROAD SUMMERFIELD FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete President Walter J. Zackrison 515 Park Estates Square Venice, FL 34293
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
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	<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
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: **Walter J. Zackrison** **Walter J. Zackrison** **8/7/07** **(941) 492-6450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #