

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90039 035 ***150.00

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1. Entity Name
ROBERT ZACHELMAYER, INC.



Principal Place of Business
**231 SE 1ST TERRACE
DEERFIELD BEACH, FL 33441 US**

Mailing Address
**231 SE 1ST TERRACE
DEERFIELD BEACH, FL 33441 US**

94041582



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0658141

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ZACHELMAYER, ROBERT
231 SE 1ST TERRACE
DEERFIELD BCH, FL 33441**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ZACHELMAYER, ROBERT**
STREET ADDRESS **231 SOUTHEAST 1 TERRACE**
CITY - ST - ZIP **DEERFIELD BEACH, FL**

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **2/10/04** **954 481 9287**
Date Daytime Phone #