


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90176 041 \*\*\*150.00

**DOCUMENT # P96000091930**  
 1. Entity Name  
**ZENO OFFICE SOLUTIONS, INC.**



Principal Place of Business      Mailing Address  
 1101 N WARD ST                      P.O. BOX 23687  
 TAMPA, FL 33607    US              TAMPA, FL 33623    US

90020010



01212005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**


4. FEI Number  
**59-3409586**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**Leslie-Hudock**  
**GOTON, DANIEL MESS BARNETT BOLT**  
**121 N. COLHIS ST 601 BAYSHORE Blvd. Ste 700**  
**PLANT CITY, FL 33564**  
**TAMPA, FL. 33606.**

**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:       DATE: **3/3/05**

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**

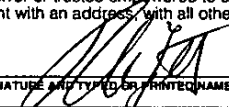
9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOTT, RICK 1101 N WARD ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREDERICK, THOMAS T 1101 N WARD ST TAMPA, FL 33607
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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:       **Rick A. Lott**      DATE: **2-11-05**      DAYTIME PHONE: **813-253-0318**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #