

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90189 015 \*\*\*158.75

**DOCUMENT # P97000017021**

1. Entity Name  
ZACULLA, INC.



Principal Place of Business  
C/O GARY S. EDINGER, ESQ.  
305 NE 1ST ST  
GAINESVILLE, FL 32601

Mailing Address  
C/O GARY S. EDINGER, ESQ.  
305 NE 1ST ST  
GAINESVILLE, FL 32601

**14004536**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3501856

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**

EDINGER, GARY S  
305 NE 1ST ST  
GAINESVILLE, FL 32601

**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, 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 PD  
NAME SULLIVAN, CARLENE S  
STREET ADDRESS 3456 SW 42ND AVE  
CITY-ST-ZIP GAINESVILLE, FL 32608

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CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Carlene Sullivan* **CARLENE SULLIVAN**

Date

Daytime Phone #

*4/28/05* **352-384-3988**