

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2004 08:00 AM
Secretary of State

| | | | | | |
|--|---|---------|---|---|--|
| DOCUMENT # P98000060311 1. Entity Name ZONA CAPITAL, INC. | | | | | |
| Principal Place of Business C/O RENE M. GLENDINNING 1858 RINGLING BLVD SARASOTA, FL 34236 | | | Mailing Address C/O RENE M. GLENDINNING 1858 RINGLING BLVD SARASOTA, FL 34236 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0849071 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GLENDINNING, RENE M 1858 RINGLING BLVD SARASOTA, FL 34236 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-STATE-ZIP | D GLENDINNING, RENE M 1858 RINGLING BLVD SARASOTA, FL 34236 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000030374 02/04/04-80106-007 150.00 | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DP KREUK, BERT 1858 RINGLING BLVD SARASOTA, FL 34236 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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)(f), 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 507, 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: <u><i>Rene M. Glendinning</i></u> 1/24/04 (94) 365-4647 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |