

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90018 005 ***150.00

DOCUMENT # P98000078257

1. Entity Name

ZAT CONSULTING, INC.



Principal Place of Business

416 TWISTING PINE CIR.
SEMINOLE FL 32779

Mailing Address

416 TWISTING PINE CIR.
SEMINOLE FL 32779

2. Principal Place of Business

4628 Harbour Village Blvd.

Suite, Apt. #, etc.

Unit 2506

City & State

Ponce Inlet, Florida

Zip

32127

Country

Volusia

3. Mailing Address

4628 Harbour Village Blvd

Suite, Apt. #, etc.

Unit 2506

City & State

Ponce Inlet, Florida

Zip

32127

Country

Volusia



MOORE

CR2E034 (11/03)

4. FEI Number

59-3531630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZATLOUKAL, WILLIAM JAMES JR
416 TWISTING PINE CIR.
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4628 HARBOUR VILLAGE BLVD.

UNIT 2506

City

PONCE INLET

FL

Zip Code

32127

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

William J. Zatloukal Jr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/16/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ZATLOUKAL, WILLIAM JAMES JR
STREET ADDRESS 416 TWISTING PINE CIR.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ Delete
NAME ZATLOUKAL, DIANE K
STREET ADDRESS 416 TWISTING PINE CIR.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 4628 HARBOUR VILLAGE BLVD, UNIT 2506
CITY-ST-ZIP PONCE INLET, FL 32127

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4628 HARBOUR VILLAGE BLVD, UNIT 2506
CITY-ST-ZIP PONCE INLET FL 32127

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William J. Zatloukal Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04 407-620-1443

Date

Daytime Phone #