

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90064 048 ***158.75

DOCUMENT # P98000107855

1. Entity Name

ZIMMERLE CONSTRUCTION, INC.



Principal Place of Business

481 OPOSSUM LN
BUNNELL FL 32110

Mailing Address

481 OPOSSUM LN
BUNNELL FL 32110

2. Principal Place of Business

3. Mailing Address

PO Box 506

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bunnell, FL

Zip

Country

Zip
32110

Country

Flagler

4. FEI Number

59-3547904

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOGUIDICE, JOSEPH A
555 W. GRANADA BLVD STE B-5
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

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

1515 A Ridgewood Ave.

City

Holly Hill

FL

Zip Code

32117

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

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	P	<input type="checkbox"/> Delete
NAME	ZIMMERLE, PHILLIP E	
STREET ADDRESS	481 OPOSSUM LN.	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ZIMMERLE, PHILLIP E	
STREET ADDRESS	481 OPOSSUM LANE	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ZIMMERLE, RITA P	
STREET ADDRESS	481 OPOSSUM LN	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phillip E. Zimmerle	
STREET ADDRESS	1105 CR 140	
CITY-ST-ZIP	Bunnell, FL 32110	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rita P. Zimmerle	
STREET ADDRESS	481 Opossum Ln.	
CITY-ST-ZIP	Bunnell, FL 32110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rita P. Zimmerle, Rita P. Zimmerle

4/17/04

386-437-2344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #