2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-20-2005 90029 011 **~~500.00~~
FILE P99000003899 $550.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P99000003899

1. Entity Name
ZEROLET, INC.

Principal Place of Business	Mailing Address
3434 INDUSTRIAL 33RD ST FORT PIERCE, FL 34946	3434 INDUSTRIAL 33RD ST FORT PIERCE, FL 34946

DO NOT WRITE IN THIS SPACE

07142005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0886405
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KURTZ, JOHN D
388 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33415

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAYES, THOMAS E
STREET ADDRESS	1550 SMUGGLERS COVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	SD
NAME	ZILKA, PAUL
STREET ADDRESS	P.O. BOX 1495
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	CD
NAME	PONS, WILLIAM
STREET ADDRESS	P.O. BOX 677399
CITY-ST-ZIP	ORLANDO, FL 32867
TITLE	D
NAME	SAYLOR, EDWARD
STREET ADDRESS	8323 CHINABERRY RD
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	LUMBERT, STEVEN
STREET ADDRESS	P.O. BOX 1031
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: THOMAS E. HAYES, PRES 7-15-05 772-461-2156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #