2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 28, 2008 08:00 Al DOCUMENT # P99000008266 **Secretary of State** 1. Entity Name ZEC EQUITIES COMPANY, INC. Principal Place of Business Mailing Address 6706 WOOD MEADOW LOOP 6706 WOOD MEADOW LOOP **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FE! Number Applied For City & State 65-0917858 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZEC, NICHOLAS J JR. Street Address (P.O. Box Number is Not Acceptable) 6706 WOOD MEADOW LOOP **BRADENTON FL 34202** Zip Code 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 Agont eignature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition ZEC, NICHOLAS J JR. NAME NAME STREET ADDRESS STREET ADDRESS 6706 WOOD MEADOW LOOP U000000878755 CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP <u>04/10/09-20092-010 150 00</u> TITLE TITLE Dalete Change Addition ZEC, VICKI A NAME NAME STREET ADDRESS 6706 WOOD MEADOW LOOP STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP City-St-ZIP TITLE ☐ Delete TITLE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TIT: F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information

SIGNATURE: MICHATURE AND TYPED OF FINNTED NAME OF SIGNING OFFICER OR DIRECTOR 1990 (941) 753 5755

with all other like empowered:

if changed, or on an a

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 reporter 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