


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90267 030 \*\*\*150.00

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| <b>DOCUMENT # P99000055591</b><br>1. Entity Name<br><b>ZIMBARI ENTERPRISES, INC.</b> |  |
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| <b>Principal Place of Business</b><br><b>185 GRAND BLVD.</b><br><b>DESTIN, FL 32550</b> | <b>Mailing Address</b><br><b>185 GRAND BLVD.</b><br><b>DESTIN, FL 32550</b> |
|---|---|

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|---|---|
| <b>2. Principal Place of Business</b><br><i>185 Grand Blvd</i><br>Suite, Apt. #, etc.<br><i>Suite 100</i><br>City & State<br><i>Sandestin, FL</i><br>Zip<br><i>32550</i> Country<br><i>US</i> | <b>3. Mailing Address</b><br><i>185 Grand Blvd</i><br>Suite, Apt. #, etc.<br><i>Suite 100</i><br>City & State<br><i>Sandestin, FL</i><br>Zip<br><i>32550</i> Country<br><i>US</i> |
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| <b>4. FEI Number</b><br><b>59-3594038</b> | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
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| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
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| <b>6. Name and Address of Current Registered Agent</b><br><b>HOWARD, KEITH</b><br><b>185 GRAND BLVD.</b><br><b>DESTIN, FL 32550</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <i>Sandestin</i> FL Zip Code <i>32550</i> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HOWARD, J. KEITH</b><br><b>185 GRAND BLVD.</b><br><b>DESTIN, FL 32550</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Keith Howard*

Date

*2/1-06*

Daytime Phone #

*850.837.1886*