

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90014 022 ***150.00

DOCUMENT # V38125

1. Entity Name
ZEHNDER ENTERPRISES, INC.



Principal Place of Business

**449 WILLETT AVE
NAPLES, FL 34108 US**

Mailing Address

**449 WILLETT AVE
NAPLES, FL 34108 US**

54018479



2. Principal Place of Business

600 York Terrace

Suite, Apt. #, etc.

3. Mailing Address

600 York Terrace

Suite, Apt. #, etc.

03052004 Chg-P CR2E034 (10/03)

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-0333779

Applied For

Not Applicable

Zip

34109-1672

Country

U.S.

Zip

34109-1672

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZEHNDER, JOHN P
449 WILLETT AVE
NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name **Zehnder, John P.**

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

600 York Terrace

City **Naples,**

FL

34109-1672

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**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	ZEHNDER, JOHN	
STREET ADDRESS	449 WILLETT AVE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	ZEHNDER, LINDA	
STREET ADDRESS	26235 HICKORY BLVD., SW, SUITE PH-D	
CITY-ST-ZIP	BONITA BCH, FL	
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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zehnder, John P.	
STREET ADDRESS	600 York Terrace	
CITY-ST-ZIP	Naples, FL 34109-1672	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04

Date

239-596-6021

Daytime Phone #