

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90230 024 \*\*\*150.00

**DOCUMENT # V63060**

1. Entity Name

ZENO'S FOODS, INC.



Principal Place of Business

267 US 27 NORTH  
SEBRING FL 33870

Mailing Address

514 ARLINGTON PLACE  
SEBRING FL 33870

2. Principal Place of Business

3. Mailing Address

267 US. 27 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEBRING, FL.

Zip

Country

Zip

Country

33870

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAKRIS, DEBORAH J  
514 ARLINGTON PL  
SEBRING FL 33870

Name

DEBORAH M. MAKRIS

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

267 US. 27 NORTH

City

SEBRING

FL

Zip Code

33870

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MAKRIS, BASIL  
STREET ADDRESS 267 US 27 NORTH  
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME MAKRIS, DEBORAH M  
STREET ADDRESS 514 ARLINGTON PL  
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Deborah M. Makris* DEBORAH M. MAKRIS 4/27/04 471-9844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #