

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024719

FILED
Apr 09, 2009
Secretary of State

Entity Name: ZAPPAGLIA WOODWORK & CONSTRUCTION, INC.

Current Principal Place of Business:

2885 ELECTRONICS DR STE D-13
MELBOURNE, FL 32935

New Principal Place of Business:

1360 LAKE WASHINGTON RD.
#G-1
MELBOURNE, FL 32935 US

Current Mailing Address:

3800 TURTLEMOUND RD
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 20-0733455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARPAYLIC, SUSAN
3800 TURTLEMOUND RD
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZARPAYLIC, PAUL L
Address: 3800 TURTLEMOUND RD
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: ZARPAYLIC, SUSAN
Address: 3800 TURTLEMOUND RD
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL L. ZARPAYLIC

PRES

04/09/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date