

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006288

Entity Name: Z CONTRACTING, INC.

FILED  
Apr 04, 2012  
Secretary of State

**Current Principal Place of Business:**

18119 STATE HWY 371  
BRAINERD, MN 56401

**New Principal Place of Business:**

**Current Mailing Address:**

18119 STATE HWY 371  
BRAINERD, MN 56401

**New Mailing Address:**

FEI Number: 41-1397727      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: ZAHN, SCOTT M  
Address: 21587 OLD POST ROAD  
City-St-Zip: NISSWA, MN 56468

Title: VCV  
Name: ZAHN, BETH A  
Address: 21587 OLD POST ROAD  
City-St-Zip: NISSWA, MN 56468

Title: V  
Name: ZAHN, BETH A  
Address: 21587 OLD POST ROAD  
City-St-Zip: NISSWA, MN 56468

Title: S  
Name: ZAHN, SCOTT M  
Address: 21587 OLD POST ROAD  
City-St-Zip: NISSWA, MN 56468

Title: T  
Name: ZAHN, SCOTT M  
Address: 21587 OLD POST ROAD  
City-St-Zip: NISSWA, MN 56468

I hereby 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 all other like empowered.

SIGNATURE: SCOTT M ZAHN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

CP

04/04/2012

\_\_\_\_\_ Date