

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000006288

**Entity Name:** Z CONTRACTING, INC.

**Current Principal Place of Business:**

18119 STATE HWY 371  
BRAINERD, MN 56401

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC7323698039**

**Current Mailing Address:**

18119 STATE HWY 371  
BRAINERD, MN 56401

**FEI Number: 41-1397727**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

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

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

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

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

Title T  
Name ZAHN, SCOTT M  
Address 21587 OLD POST ROAD  
City-State-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 ZAHN**

**PRESIDENT**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date