2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F02000026288

1. Entity Name
Z CONTRACTING, INC.

Principal Place of Business	Mailing Address
18119 HIGHWAY 371	18119 HIGHWAY 371
BRAINERD, MN 56401	BRAINERD, MN 56401

DO NOT WRITE IN THIS SPACE

03152003   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
41-1397727	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	CP
NAME	ZAHN, SCOTT
STREET ADDRESS	21567 OLD POST ROAD
CITY-ST-ZIP	NISSWA, MN 56468
TITLE	VCV
NAME	ZAHN, BETH
STREET ADDRESS	21587 OLD POST ROAD
CITY-ST-ZIP	NISSWA, MN 56468
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/01/04-80003-016 150.00

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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: _Beth A. Zahn_   _Beth A Zahn_   _May 26, 2004_   _218-828-8171_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #