

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006288

Entity Name: Z CONTRACTING, INC.

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

18119 HIGHWAY 371
BRAINERD, MN 56401

New Principal Place of Business:

Current Mailing Address:

18119 HIGHWAY 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V () Change (X) Addition
Name: TRAPP, LESLIE R
Address: 11858 MAPLEWOOD DR
City-St-Zip: EAST GULL LAKE, MN 56401

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BETH A ZAHN

VCV

04/19/2005

Electronic Signature of Signing Officer or Director

Date