

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006288

Entity Name: Z CONTRACTING, INC.

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

18119 HIGHWAY 371  
BRAINERD, MN 56401

## New Principal Place of Business:

18119 STATE HWY 371  
BRAINERD, MN 56401

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BETH A. ZAHN

VCV

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date