


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 592862	
1. Entity Name WASILEWSKI ENTERPRISES, INC.	

Principal Place of Business 1520 CHATEAU WOODS DR CLEARWATER, FL 33764 US	Mailing Address 1520 CHATEAU WOODS DR CLEARWATER, FL 33764 US
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DO NOT WRITE IN THIS SPACE



08262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1989786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASILEWSKI, RICHARD
 1520 CHATEAU WOODS DR.
 CLEARWATER, FL 33764

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	PT WASILEWSKI, RICHARD 1520 CHATEAU WOODS DR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WASILEWSKI, CAROL 1520 CHSTEAU WOODS DR CLEARWATER, FL 33764
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U00000772986
 08/29/07-80002-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **RICHARD WASILEWSKI** 8/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #