2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# 604884

Entity Name: KRASKI & COSTELLO, P.A.

Current Principal Place of Business:

1089 WEST GRANADA BLVD.
SUITE 1
ORMOND BEACH, FL 321749168

New Principal Place of Business:

Current Mailing Address:

1089 WEST GRANADA BLVD.
SUITE 1
ORMOND BEACH, FL 321749168

New Mailing Address:

FEI Number: 59-1496389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRASKI, HENRY E. D.D.S.
1089 WEST GRANADA BLVD.,
SUITE #1
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

KRASKI, HENRY E DDS
1089 WEST GRANADA BLVD.,
SUITE #1
ORMOND BEACH, FL 32174 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: HENRY E. KRASKI, DDS 01/31/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HENRY E. KRASKI,
Address: 303 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: VTSD ( ) Delete
Name: FREDRICK W COSTELLO,
Address: 1 TOMOKA COVE WAY
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KRASKI, HENRY E DDS
Address: 303 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: VTSD (X) Change ( ) Addition
Name: COSTELLO, FREDRICK W DDS
Address: 1 TOMOKA COVE WAY
City-St-Zip: ORMOND BEACH, FL 32174

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: HENRY E. KRASKI, DDS PD 01/31/2008
Electronic Signature of Signing Officer or Director Date