2004 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-17-2004 90028 046 ***158.75

DOCUMENT # P02000115049

1. Entity Name
PAUL CZAP, P.A.

Principal Place of Business	Mailing Address
1512 DAWLEY COURT BRANDON, FL 33511	1512 DAWLEY COURT BRANDON, FL 33511

02122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
222 Scissortail Trail		222 Scissortail Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Georgetown, TX		City & State: Georgetown TX	
Zip: 78628	Country: US	Zip: 78628	Country: US

4. FEI Number ~~APPLIED FOR~~ 593478830 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CZAP, PAUL 1512 DAWLEY COURT BRANDON, FL 33511	Name: Mike Reedy Street Address (P.O. Box Number is Not Acceptable): 305 North Parsonson Ave City: Brandon FL Zip Code 33510

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]
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
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZAP, PAUL 1512 DAWLEY COURT BRANDON, FL 33511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Paul Czap 222 Scissortail Trail Georgetown, TX 78628 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Paul Czap 2/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #