
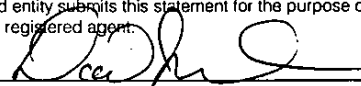
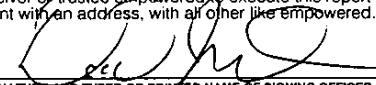


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90001 043 ***150.00

DOCUMENT # P04000006658 1. Entity Name DANIEL JOHN WITECK, INC.			
Principal Place of Business 7804 SCUBOAK CT. HUDSON, FL 34667		Mailing Address 7804 SCUBOAK CT. HUDSON, FL 34667	
2. Principal Place of Business 631 KENNETH WAY Suite, Apt. #, etc.		3. Mailing Address 631 KENNETH WAY Suite, Apt. #, etc.	
City & State TARPON SPRINGS FL		City & State TARPON SPRINGS FL	
Zip 34689	Country USA	Zip 34689	Country USA
4. FEI Number 20-0578303		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WITECK, DANIEL J 7804 SCRUBOAK CT. HUDSON, FL 34667		7. Name and Address of New Registered Agent Name WITECK, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 631 KENNETH WAY City TARPON SPRINGS FL Zip Code 34689	
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: 6/7/06	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T <input type="checkbox"/> Delete WITECK, DANIEL J 7804 SCRUBOAK CT. HUDSON, FL 34667	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WITECK, DANIEL J. 631 KENNETH WAY TARPON SPRINGS FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 6/7/06 Daytime Phone #: 800-657-7856	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			