


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P04000102766

1. Entity Name
NICK PODESTA INC.



Principal Place of Business Mailing Address

2911 RIVERSIDE DR **2911 RIVERSIDE DR**
PUNTA GORDA, FL 33950 **PUNTA GORDA, FL 33950**



00042000 No Chg-F CR2E004 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
20-1374636 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PODESTA, NICK
2911 RIVERSIDE DR
PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

6. 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, typed or printed name of registered agent and a copysignature) (Typed, registered agent signature required when applicable) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

7. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

000000250848
 03/25/08-80014-019 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | P/D |
| NAME | PODESTA, NICK |
| STREET ADDRESS | 2911 RIVERSIDE DR |
| CITY-ST-ZIP | PUNTA GORDA, FL 33950 |
| TITLE | VP/T |
| NAME | PODESTA, NICK |
| STREET ADDRESS | 2911 RIVERSIDE DR |
| CITY-ST-ZIP | PUNTA GORDA, FL 33950 |
| TITLE | S |
| NAME | PODESTA, NICK |
| STREET ADDRESS | 2911 RIVERSIDE DR |
| CITY-ST-ZIP | PUNTA GORDA, FL 33950 |
| TITLE | D |
| NAME | DUSTIN, SYLVIA |
| STREET ADDRESS | 2911 RIVERSIDE DR |
| CITY-ST-ZIP | PUNTA GORDA, FL 33950 |
| TITLE | D |
| NAME | PODESTA, MIKE |
| STREET ADDRESS | 2911 RIVERSIDE DR |
| CITY-ST-ZIP | PUNTA GORDA, FL 33950 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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 an officer or trustee empowered.

SIGNATURE: Nick Podesta **3-5-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #