


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90023 048 ***150.00

DOCUMENT # P05000105510

1. Entity Name
CARL WASILESKI, P.A.



Principal Place of Business Mailing Address

**507 PALM AVENUE
TITUSVILLE, FLORIDA 32796
US** **507 PALM AVENUE
TITUSVILLE, FLORIDA 32796
US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

Zip Country Zip Country

4. FEE Number: **59-3109492**

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

**WASILESKI, CARL G
507 PALM AVENUE
TITUSVILLE FL 32796**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WASILESKI, CARL G	
STREET ADDRESS	507 PALM AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WASILESKI, CARL G	
STREET ADDRESS	507 PALM AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	S	<input type="checkbox"/> Delete
NAME	WASILESKI, CARL G	
STREET ADDRESS	507 PALM AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	T	<input type="checkbox"/> Delete
NAME	WASILESKI, CARL G	
STREET ADDRESS	507 PALM AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Carl Wasileski* Carl Wasileski 1-266 269-4328 (321)

DATE _____ DAYTIME PHONE # _____