


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000105510 1. Entity Name CARL WASILESKI, P.A.	
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Principal Place of Business 507 PALM AVENUE TITUSVILLE, FL 32796 US	Mailing Address 507 PALM AVENUE TITUSVILLE, FL 32796 US
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3109492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WASILESKI, CARL G  
 507 PALM AVENUE  
 TITUSVILLE, FL 32796

**DO NOT WRITE IN THIS SPACE**

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: *Carl Wasileski* 1-4-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WASILESKI, CARL G 507 PALM AVENUE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WASILESKI, CARL G 507 PALM AVENUE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WASILESKI, CARL G 507 PALM AVENUE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WASILESKI, CARL G 507 PALM AVENUE TITUSVILLE, FL 32796
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 01/10/07-80013-022 150.00

**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 supplementary 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* 1-4-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #