

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90055 037 ***150.00

DOCUMENT # P94000003187					
1. Entity Name EDMUND F. BEDNAREK, INC.					
Principal Place of Business 1501 S.E. 15TH STREET, APT. #2-9 FT LAUDERDALE, FL 33316 US			Mailing Address 1501 S.E. 15TH STREET, APT. #2-9 FT LAUDERDALE, FL 33316 US		
2. Principal Place of Business 9541 VERCELLI ST Suite, Apt. #, etc.		3. Mailing Address 9541 VERCELLI ST Suite, Apt. #, etc.			
City & State LAKE WORTH FL		City & State LAKE WORTH FL		03062005 Chg-P CR2E034 (10/03)	
Zip 33467		Country PALM BEACH		4. FEI Number 65-0467377	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BEDNAREK, EDMUND F 1501 SE 15 ST 2-9 FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9541 VERCELLI ST City LAKE WORTH FL Zip Code 33467		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P BEDNAREK, EDMUND F 1501 SE 15 ST 2-9 FORT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9541 VERCELLI ST LAKE WORTH FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BEDNAREK, DONNA K 1501 SE 15 ST 2-9 FORT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9541 VERCELLI ST LAKE WORTH FL 33467	
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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: <i>Donna Bednarek</i> DONNA K. BEDNAREK SECY-TREAS 3/19/05 561-969-7278					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					