

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K85712

**Entity Name:** KOPCZYNSKI, INC.

**Current Principal Place of Business:**

FRANK KOPCZYNSKI  
14605 49TH ST NORTH #3  
CLEARWATER, FL 33762

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC7263204157**

**Current Mailing Address:**

FRANK KOPCZYNSKI  
14605 49TH ST NORTH #3  
CLEARWATER, FL 33762 US

**FEI Number:** 59-2959812

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOPCZYNSKI, FRANK  
14605 49TH ST NORTH  
#3  
CLEARWATER, FL 33762 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name KOPCZYNSKI, FRANK  
Address 14605 49TH ST NORTH #3  
City-State-Zip: CLEARWATER FL

Title STD  
Name KOPCZYNSKI, MARY JO  
Address 14605 49TH ST NORTH #3  
City-State-Zip: CLEARWATER FL

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANK KOPCZYNSKI

**CHAIR**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date