

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000105510

**Entity Name:** CARL WASILESKI, P.A.

**Current Principal Place of Business:**

507 PALM AVENUE  
TITUSVILLE, FL 32796

**Current Mailing Address:**

507 PALM AVENUE  
TITUSVILLE, FL 32796 US

**FEI Number:** 59-3109492

**Certificate of Status Desired:** No

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

WASILESKI, CARL G  
507 PALM AVENUE  
TITUSVILLE, FL 32796 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 P  
Name WASILESKI, CARL G  
Address 507 PALM AVENUE  
City-State-Zip: TITUSVILLE FL 32796

Title VP  
Name WASILESKI, DONNA  
Address 507 PALM AVENUE  
City-State-Zip: TITUSVILLE FL 32796

Title S  
Name WASILESKI, DONNA  
Address 507 PALM AVENUE  
City-State-Zip: TITUSVILLE FL 32796

Title T  
Name WASILESKI, CARL G  
Address 507 PALM AVENUE  
City-State-Zip: TITUSVILLE FL 32796

*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:** CARL WASILESKI

**PRESIDENT**

**01/13/2015**

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

\_\_\_\_\_  
Date