


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 592862 1. Entity Name WASILEWSKI ENTERPRISES, INC.	
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Principal Place of Business 1520 CHATEAU WOODS DR CLEARWATER, FL 33764 US	Mailing Address 1520 CHATEAU WOODS DR CLEARWATER, FL 33764 US
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1989786	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

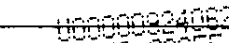
6. Name and Address of Current Registered Agent

**WASILEWSKI, RICHARD
1520 CHATEAU WOODS DR.
CLEARWATER, FL 33764**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	 05/18/08-80055-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE PT	NAME WASILEWSKI, RICHARD	STREET ADDRESS 1520 CHATEAU WOODS DR	CITY-ST-ZIP CLEARWATER, FL 33764
TITLE VPS	NAME WASILEWSKI, CAROL	STREET ADDRESS 1520 CHSTEAU WOODS DR	CITY-ST-ZIP CLEARWATER, FL 33764
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	

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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 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:  **RICHARD WASILEWSKI** 4/23/08 727 531-8104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #