
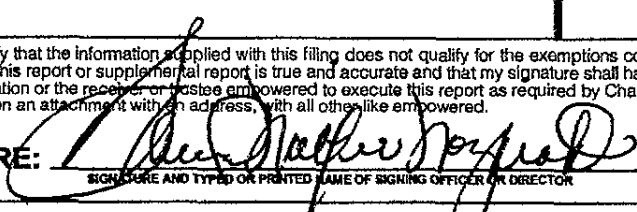


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # F01000005349		
1. Entity Name THE WOZNAK CORPORATION		
Principal Place of Business 11294 MALAGA DRIVE LARGO, FL 33774	Mailing Address 11294 MALAGA DRIVE LARGO, FL 33774	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DAVID WALTER WOZNAK 11294 MALAGA DRIVE LARGO, FL 33774		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 _____ <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, 2006 Fee will be \$550.00		4. FEI Number 25-1444969
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Applied For <input type="checkbox"/> \$8.75 Additional Fee Required
10. OFFICERS AND DIRECTORS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DAVID WALTER WOZNAK 11294 MALAGA DRIVE LARGO, FL 33774	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WOZNAK, BONNIE 11294 MALAGA DRIVE LARGO, FL 33774	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9 JANUARY 06 1:27.687.6304 <small>Date Daytime Phone #</small>



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
25-1444969

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

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