

*** 2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # F28452

1. Entity Name
W & Z, INC.



Principal Place of Business
**% WACLAW NIEWIAROWSKI
2366 WETHERINGTON RD.
CLEARWATER, FL 34625**

Mailing Address
**% WACLAW NIEWIAROWSKI
2366 WETHERINGTON RD.
CLEARWATER, FL 34625**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2078715** Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**NIEWIAROWSKI, WACLAW
2366 WETHERINGTON RD.
CLEARWATER, FL 34625**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	NIEWIAROWSKI, ZENONA
STREET ADDRESS	2366 WETHERINGTON RD.
CITY-ST-ZIP	CLEARWATER, FL
TITLE	PD
NAME	NIEWIAROWSKI, WACLAW
STREET ADDRESS	2366 WETHERINGTON RD.
CITY-ST-ZIP	CLEARWATER, FL
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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01/20/05-80047-005 155.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(p), 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: Waclaw Niewiarowski 01-12-05 727-799-0816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #