

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 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 33765

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



01312007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

NIEWIAROWSKI, WACLAW
2366 WETHERINGTON RD.
CLEARWATER, FL 33765

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
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

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CITY-ST-ZIP

U00000673977
04/03/07-80060-006 158.75

**DO NOT WRITE
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:

Waclaw Niewiarowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-22-2007

Date

727-799-0816

Daytime Phone #