


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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|---|---|
| DOCUMENT # F28452 1. Entity Name W & Z, INC. |  |
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| Principal Place of Business % WACLAW NIEWIAROWSKI 2366 WETHERINGTON RD. CLEARWATER, FL 33765 | Mailing Address % WACLAW NIEWIAROWSKI 2366 WETHERINGTON RD. CLEARWATER, FL 34625 |
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04222008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 59-2078715 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

NIEWIAROWSKI, WACLAW
2366 WETHERINGTON RD.
CLEARWATER, FL 33765

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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 _____

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| 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 | U00000927261 05/20/08-80097-020 158.75 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS NIEWIAROWSKI, ZENONA 2366 WETHERINGTON RD. CLEARWATER, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD NIEWIAROWSKI, WACLAW 2366 WETHERINGTON RD. CLEARWATER, FL |
| 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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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 **04.24.2008 (727)-799.0816**

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