


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

|   |                           |  |
|---|---------------------------|--|
| DOCUMENT # G33094   |                           |                                   |
| 1. Entity Name<br>PIASCIK, INC.   |                           |  |
| Principal Place of Business<br>C/O RICHARD J. PIASCIK<br>7305 U.S. 19<br>NEW PORT RICHEY, FL 34652 US   |                           | Mailing Address<br>7927 ORCHID LAKE RD<br>NPR, FL 34653  |
| <div style="text-align: right;">04062005    No Chg-P    CR2E034 (10/03)</div> <div style="text-align: right;">4. FEI Number<br/>59-2376396    Applied For<br/>Not Applicable</div> <div style="text-align: right;">5. Certificate of Status Desired    <input type="checkbox"/>    \$8.75 Additional<br/>Fee Required</div>   |                           |  |
| 6. Name and Address of Current Registered Agent   |                           |  |
| PIASCIK, RICHARD J<br>7927 ORCHID LAKE RD<br>NEW PORT RICHEY, FL 34653  |                           |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____  |                           |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00   |                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS  |                           |  |
| TITLE   | PD                        | <div style="text-align: right;">1100000341528<br/>04/29/05-80019-003 158.75</div>                                  |
| NAME  | PIASCIK, RICHARD J.       |  |
| STREET ADDRESS  | 7924 ORCHID LAKE ROAD     |  |
| CITY - ST - ZIP   | NEW PORT RICHEY, FL 34653 |  |
| TITLE   | ST                        |  |
| NAME  | PIASCIK, GINA             |  |
| STREET ADDRESS  | 7927 ORCHID LAKE ROAD     |  |
| CITY - ST - ZIP   | NEW PORT RICHEY, 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   |                           |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Richard J. Piascik</u> Date: <u>4-23-05</u> Daytime Phone #: <u>845-3579</u>  |                           |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                           |  |