

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # G71712

1. Entity Name
GUZOWSKI & STEPPE ORGAN BUILDERS, INC.



Principal Place of Business
**1070 NE 48TH COURT
FT LAUDERDALE, FL 33334 US**

Mailing Address
**1070 NE 48TH CT
FT LAUDERDALE, FL 33334 US**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2355361

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, CHARLES V CPA
99 NE 17TH CT
FT LAUDERDALE, FL 33305**

**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 PD
NAME GUZOWSKI, WALTER A
STREET ADDRESS 1217 SW 4TH CT
CITY-ST-ZIP FT LAUDERDALE, FL 00000.

TITLE STD
NAME KANE, CHRISTOPHER
STREET ADDRESS 1350 RIVER REACH #219
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE D
NAME KOZACKI, WALTER
STREET ADDRESS 193 FARM VALLEY RD.
CITY-ST-ZIP FLETCHER, NC

TITLE D
NAME KOZACKI, MARGARET
STREET ADDRESS 193 VALLEY FARM RD.
CITY-ST-ZIP FLETCHER, NC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000579865
01/10/07-80023-014 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Kane
Christopher Kane

Date

1/4/07
1/4/07

Daytime Phone #

954-491-6852
954-491-6852