### 2008 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # G71712

1. Entity Name

GUZÓWSKI & STEPPE ORGAN BUILDERS, INC.



FILED Jan 07, 2008 08:00 Al Secretary of State

Principal Place of Business

1070 NE 48TH COURT

FT LAUDERDALE, FL 33334

Mailing Address

1070 NE 48TH CT

FT LAUDERDALE, FL 33334

US



### DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2355361

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

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

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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

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, 2008 Fee will be \$550.00

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

OFFICERS AND DIRECTORS 10. PD TITLE GUZOWSKI, WALTER A NAME 1217 SW 4TH CT STREET ADORESS CITY-ST-ZIP FT LAUDERDALE, FL 00000, STD TITLE KANE, CHRISTOPHER NAME STREET ADDRESS 1350 RIVER REACH #219 CITY-ST-ZIP FT. LAUDERDALE, FL n TITLE KOZACKI, WALTER NAME 193 FARM VALLEY RD. STREET ADDRESS CITY-ST-ZIP FLETCHER, NC TITLE KOZACKI, MARGARET 193 VALLEY FARM RD. STREET ADORESS CITY-ST-7IP FLETCHER, NC NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

000000775015 01/08/08-80013-010 150.00

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12. I hereby certify that the information supplied with this lifting 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 of the property of the proper

**SIGNATURE** 

CHELLSTOPHED & ANE
ATURE AND PUPEL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 3, '08

954.491.6852

Daytime Phone #