2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G71712

Title:

Title:

Name: Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

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(X) Delete

KOZACKI, WALTER,

FLETCHER, NC

FLETCHER, NC

193 FARM VALLEY RD.

KOZACKI, MARGARET,

193 VALLEY FARM RD.

GUZOWSKI & STEPPE ORGAN BUILDERS. INC

FILED Jan 06, 2009 Secretary of State

Entity Nan	ne: GUZOVVSKI&	STEPPE ORGAN BUILD	ERS, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	BTH COURT RDALE, FL 33334	US					
Current Mailing Address:			New Mail	New Mailing Address:			
1070 NE 48 FT LAUDE	BTH CT RDALE, FL 33334	US					
FEI Number:	59-2355361 FEI	Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Des	sired ()	
Name and	Address of Currer	nt Registered Agent:	Name and	Name and Address of New Registered Agent:			
99 NE 17TÎ FT LAUDE The above	RDALE, FL 33305 named entity submi	US ts this statement for the p	urpose of changing	its registered	d office or registered ager	nt, or both,	
in the State							
SIGNATUR		nature of Registered Age	nt		Date		
Election Carr	npaign Financing Trust	Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () Delete GUZOWSKI, WALTER 1217 SW 4TH CT FT LAUDERDALE, FL	. A,	Title: Name: Address: City-St-Zip:	1350 RIVER	(X) Change () Addition ISTOPHER B R REACH DRIVE #219 IERDALE, FL 33315		
Title: Name: Address: City-St-Zip:	STD () Delete KANE, CHRISTOPHER 1350 RIVER REACH # FT. LAUDERDALE, FL	R, 219	Title: Name: Address: City-St-Zip:	D KOZACKI, V 193 FARM V FLETCHER,	/ALLEY ROAD		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER B KANE S/T 01/06/2009

(X) Change () Addition

() Change () Addition

KOZACKI, MARGARET

193 FARM VALLEY RD.

FLETCHER, NC 28732