

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G71712

FILED  
Mar 05, 2010  
Secretary of State

**Entity Name:** GUZOWSKI & STEPPE ORGAN BUILDERS, INC.

**Current Principal Place of Business:**

1070 NE 48TH COURT  
FT LAUDERDALE, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

1070 NE 48TH CT  
FT LAUDERDALE, FL 33334 US

**New Mailing Address:**

**FEI Number:** 59-2355361      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** KANE, CHRISTOPHER B  
**Address:** 1350 RIVER REACH DRIVE #219  
**City-St-Zip:** FORT LAUDERDALE, FL 33315

**Title:** VP  
**Name:** CABLE, COUGLAS H  
**Address:** 4411 NE 2ND AVENUE  
**City-St-Zip:** DEERFIELD BEACH, FL 33064

**Title:** D  
**Name:** KOZACKI, WALTER  
**Address:** 193 FARM VALLEY RD.  
**City-St-Zip:** FLETCHER, NC 28732

**Title:** D  
**Name:** KAZACKE, MARGARET  
**Address:** 193 FARM VALLEY RD  
**City-St-Zip:** FLETCHER, NC 28732

I hereby 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 all other like empowered.

**SIGNATURE:** CHRISTOPHER B KANE

P

03/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date