2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J96313

1. Entity Name

PILKA & ASSOCIATES, P.A.



Principal Place of Business

1 1000 07 B00111000

213 PROVIDENCE RD. BRANDON, FL 33511-4707 Mailing Address

213 PROVIDENCE RD. BRANDON, FL 33511-4707

FILED Jan 22, 2008 8:00 am Secretary of State

01-22-2008 90083 007 ***150.00

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No Cha-P

CR2E034 (11/05)

4. FEI Number 59-2847455

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PILKA, DANIEL F 213 PROVIDENCE RD. BRANDON, FL 33511-4707

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	named entity submits this statement for the pions of registered agent.	purpose of changing its registered offic	e or re	gistered agent, or b	oth, in the State of Florida	. I am familiar with, and accept
SIGNATURE	Signature: (vped or printed name of registered agent and title if	Lapphcable (NOTE Registered Agent si	ignature d	required when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			<u> </u>	
TITLE	st President					
NAME	PILKA, DANIEL F.					
STREET ADDRESS	213 PROVIDENCE RD.					
CITY-ST-ZIP	BRANDON, FL					
TITLE	₩B					
NAME	PILKA, DANIEL F.	f"				
STREET ADDRESS	213 PROVIDENCE RD.					
CITY-ST-ZIP	BRANDON, FL 335114707					
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NAME						
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STREET ADDRESS						

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 snall 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 populative empowered.

SIGNATURE: 🔀

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1)10 08 (813)653.3800