


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90052 018 ***150.00

DOCUMENT # K34433			
1. Entity Name JOHN MISAK CONSTRUCTION, INC.			
Principal Place of Business 24274 PIRATE HARBOR BLVD. PUNTA GORDA FL 33955		Mailing Address 24274 PIRATE HARBOR BLVD. PUNTA GORDA FL 33955	
2. Principal Place of Business - No P.O. Box # 5256 Leeward Lane Suite, Apt. #, etc.		3. Mailing Address 5256 Leeward Lane Suite, Apt. #, etc.	
City & State New Port Richey, FL		City & State New Port Richey, FL	
Zip 34650	Country USA	Zip 34650	Country USA
6. Name and Address of Current Registered Agent MISAK JOHN J 24274 PIRATE HARBOR BLVD PUNTA GORDA FL 33955		7. Name and Address of New Registered Agent Name Misak John J Street Address (P.O. Box Number is Not Acceptable) 5256 Leeward Lane City New Port Richey FL Zip Code 34650	
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] - Just address change 4-7-08 <small>Signature, hand or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MISAK, JOHN J., JR. 24274 PIRATE HARBOR BLVD PUNTA GORDA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5256 Leeward Lane New Port Richey FL 34650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MISAK, GRACE A. 24274 PIRATE HARBOR BLVD PUNTA GORDA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5256 Leeward Lane New Port Richey FL 34650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN, MISAK J III 24274 PIRATE HARBOR BLVD. PUNTA GORDA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5256 Leeward Lane New Port Richey FL 34650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		John J Misak Jr 4-7-08 727-597-0678 Date Daytime Phone #	