2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # K82094

1. Entity Name

WOJCIK & SHORT ASSOCIATES, INC.



Principal Place of Business

%JANCEF, WOLDK 3019 WBAPCELCNA ST TAMPA, FL 33629 Mailing Address

%JANCEF, WOOK 3019 WBARCELCNAST TAMPA, FL. 33629

FILED Jul 10, 2008 08:00 AM Secretary of State



07082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2965335

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

WOJCIK, JANICE F. 3019 W. BARCELONA ST. TAMPA, FL 33629

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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

(NOTE, Registered Agent signature required when reinstating)

U00000954077 07/10/08-80010-011-150-00

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

OFFICERS AND DIRECTORS 10. TITLE WOJCIK, JANICE F. NAME 8501 DEE CIR STREET ADDRESS CITY - ST - ZIP RIVERVIEW, FL **VST** TITI F SHORT, W. BROOKS NAME STREET ADDRESS 8501 DEE CIR CITY-ST-ZIP RIVERVIEW, FL TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08 813-831-3/64