

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90077 049 ***150.00

DOCUMENT # P00000026206

1. Entity Name

FRED J. WOTOCEK, INC.



Principal Place of Business

1761 W. HILLSBORO BLVD.
SUITE 102
DEERFIELD BEACH FL 33442

Mailing Address

1761 W. HILLSBORO BLVD.
SUITE 102
DEERFIELD BEACH FL 33442

50018352



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1761 W. Hillsboro Blvd
Suite, Apt. #, etc. *Suite 103*
City & State *Deerfield Beach*
Zip *33442* Country *Broward*

3. Mailing Address

Same as above
Suite, Apt. #, etc. *see Suite #*
City & State *Deerfield Beach*
Zip *33442* Country *FL*

4. FEI Number

65-0994592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOTOCEK, FRED J
1761 W. HILLSBORO BLVD.
SUITE 102
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name *Fred J. Wotocek*
Street Address (P.O. Box Number is Not Acceptable) *1761 W. Hillsboro Blvd Ste 103*
City *Deerfield Beach* FL Zip Code *33442*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WOTOCEK, FRED J	
STREET ADDRESS	1761 W. HILLSBORO BLVD., SUITE 102	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Fred J. Wotocek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-428-4355