2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000049876

1. Entity Name

THE LAW OFFICES OF RYAN THOMAS TRUSKOSKI, P.A.



FILED Jan 14, 2008 08:00 AM **Secretary of State**

Principal Place of Business

3805 IVYDALE COURT LAND O' LAKES, FL 34638 · Mailing Address

P.O. BOX 568005 ORLANDO, FL 32856



01102008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3655204 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRUSKOSKI, RYAN THOMAS 3805 IVYDALE COURT LAND O' LAKES, FL 34638			DO NOT WRITE IN THIS SPACE			
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						
				d Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			U00000781635 01/15/08-80040-020 150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUSKOSKI, RYAN THOMAS 3805 IVYDALE COURT LAND O' LAKES, FL 34638					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE						

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 emported.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR