2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2004 08:00 AM Secretary of State

Antion in the second					Secre	tarv (oi State
DOCUMENT # P00000052249 * 1. Entity Name BRETT WASKO, INC.						our y	,
Principal Place 2480 29TH A NAPLES, FL	VENUE NE	Mailing Address 2480 29TH AVENUE NE NAPLES, FL 34120					
DO NOT WRITE IN THIS SPA			CE	04202004	No Chg-P		4 (10/03)
				4. FEI Numb 59-364 5. Certificate			Not Applicable 88.75 Additional ee Required
	6. Name and Address of Current Reg	jistered Agent	}	-		. •	
WASKO, BRETT 2480 29TH AVENUE NE NAPLES, FL 34120				IN .	NOT W	PACE	
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 portion name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) OATE							amiliar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				i.00 May Be ded to Fees			
TO. TITLE MAME STREET ADDRESS CITY - 57 - ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF D WASKO, BRETT 2480 29TH AVENUE NE NAPLES, FL 34120	ECTORS			1,100,00 135/136/134	015756 -80031	1 -011 150.00
CITY-53-ZIP TITLE NAME STREET ADDRESS CITY-51-ZIP TITLE			DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CITY-S1-ZIP			-	21.4			
NAME STREET ADDRESS GITY - 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)(f), 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 807, 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BILL Works Brett Wasks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

4//27/04 (239) 353 933) Date Dayling Priore #