


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90141 021 \*\*\*150.00

<b>DOCUMENT # P00000061583</b>																	
<b>1. Entity Name</b> MARY SUSAN PIESIK, P.A.																	
<b>Principal Place of Business</b> 1292 VALIANT COURT SPRING HILL, FL 34608		<b>Mailing Address</b> 1292 VALIANT COURT SPRING HILL, FL 34608															
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.		<b>4. FEI Number</b> 59-3648227													
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>													
<b>Zip</b>		<b>Country</b>		<b>6. Name and Address of Current Registered Agent</b> PEISIK, MARY SUSAN 1292 VALIANT COURT SPRING HILL, FL 34608													
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		<b>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.</b> SIGNATURE: <i>Mary S. Piesik</i> DATE: 4/23/08															
<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>10. OFFICERS AND DIRECTORS</b>															
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> <b>TITLE</b> D  <b>NAME</b> PIESIK, MARY SUSAN  <b>STREET ADDRESS</b> 391 JENICO CT  <b>CITY-ST-ZIP</b> SPRING HILL, FL 34609         </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> </td> <td style="text-align: center;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> </td> <td style="text-align: center;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> </td> <td style="text-align: center;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> </td> <td style="text-align: center;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td> <b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> </td> <td style="text-align: center;"> <input type="checkbox"/> Delete         </td> </tr> </table>				<b>TITLE</b> D <b>NAME</b> PIESIK, MARY SUSAN <b>STREET ADDRESS</b> 391 JENICO CT <b>CITY-ST-ZIP</b> SPRING HILL, FL 34609	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> D <b>NAME</b> PIESIK, MARY SUSAN <b>STREET ADDRESS</b> 391 JENICO CT <b>CITY-ST-ZIP</b> SPRING HILL, FL 34609	<input type="checkbox"/> Delete																
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete																
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete																
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete																
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete																
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete																
<b>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.</b>																	
<b>SIGNATURE:</b> <i>Mary S. Piesik</i> <b>MARY S. PIESIK</b> 4/23/08-3526664720																	