


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90123 002 ***150.00

DOCUMENT # P00000097609

1. Entity Name
JOHN W. KRAWCZUK, D.D.S., PA



Principal Place of Business Mailing Address

**175 TEQUESTA DR
 STE A
 JUPITER, FL 33469** **175 TEQUESTA DR
 STE A
 JUPITER, FL 33469**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

State, Apt #, etc. State, Apt #, etc.

City & State City & State

Zip Country Zip Country

04182008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3679202 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**KRAWCZUK, JOHN W
 175 TEQUESTA DR STE A
 JUPITER, FL 33469**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	KRAWCZUK, JOHN W	
STREET ADDRESS	175 TEQUESTA DR STE A	
CITY, ST, ZIP	JUPITER, FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAWCZUK, JENNIFER C	
STREET ADDRESS	175 TEQUESTA DR STE A	
CITY, ST, ZIP	JUPITER, FL 33469	
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		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY, ST, ZIP		
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 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: *John W. Krawczuk* **John W. Krawczuk** 4-27-08 (561)746-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Prefix #