

**2008 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000055903**

1. Entity Name

M. J. PARTYKA ENTERPRISES, INC.



Principal Place of Business

750 LIME STREET  
PALM HARBOR, FL 34683

Mailing Address

750 LIME STREET  
PALM HARBOR, FL 34683

**DO NOT WRITE IN THIS SPACE**



01272008 No Chg-P CR2E034 (11/05)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARTYKA, MICHAEL J  
750 LIME STREET  
PALM HARBOR, FL 34683

**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

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

(NOTE: Registered Agent signature required when renouncing)

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  
NAME PARTYKA, MICHAEL J  
STREET ADDRESS 750 LIME STREET  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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02/19/08-80054-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Michael Partyka* MICHAEL PARTYKA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-07-08 (727) 452-0371

Date

Daytime Phone #