


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90104 034 \*\*\*150.00

|   |  |                     |   |   |  |
|---|--|---------------------|---|---|--|
| <b>DOCUMENT # P01000103639</b><br>1. Entity Name<br><b>BRUNO SERVICES INC.</b>  |  |                     |   |    |  |
| Principal Place of Business<br><b>1876 GILBERT ST.<br/>CLEARWATER, FL 33755</b>   |  |                     | Mailing Address<br><b>613 N. KEENE ROAD<br/>APARTMENT B<br/>CLEARWATER, FL 33755</b>                                |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |   |   |  |
| City & State  |  | City & State        |   | 4. FEI Number<br><b>59-3750833</b>  |  |
| Zip   |  | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent   |  |                     |   | 7. Name and Address of New Registered Agent   |  |
| <b>STASIK, ALBIN<br/>1876 GILBERT ST.<br/>CLEARWATER, FL 33755</b>  |  |                     |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |                     |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS  |  |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>STASIK, ALBIN</b><br><b>1876 GILBERT ST.</b><br><b>CLEARWATER, FL 33755</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE <b>VP</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>BRONISLAW STASIK</b><br><b>1876 GILBERT STREET</b><br><b>CLEARWATER, FL 33755</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>SIGNATURE:</b> <i>Albin Stasik</i> <b>ALBIN STASIK</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |                     | <b>3/10/05</b> <b>727-449-9793</b><br>Date Daytime Phone #  |   |  |

**50025717**



03102005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable