

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90002 032 ***150.00

DOCUMENT # P02000007338

1. Entity Name
MAGDALENA CZECH P.A.



Principal Place of Business
**4923 YELLOWSTONE DRIVE
NEW PORT RICHEY, FL 34655**

Mailing Address
**4923 YELLOWSTONE DRIVE
NEW PORT RICHEY, FL 34655**

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

11449 OYSTER BAY CIR → SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

Zip

34654

Country

Zip

Country

01082007

Chg-P

CR2E034 (12/06)

4. FEI Number

60-0001262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CZECH, MAGDALENA
4923 YELLOWSTONE DRIVE
NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name **MAGDALENA CZECH**

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

11449 OYSTER BAY CIR

City **NEW PORT RICHEY**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**MAGDALENA CZECH
REG. AGENT**

3/22/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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** ☐ Delete
NAME **CZECH, MAGDALENA**
STREET ADDRESS **4923 YELLOWSTONE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11449 OYSTER BAY CIR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MAGDALENA CZECH
PRES.**

3/22/07

727-967-8901