## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 08:00 AM
Secretary of State

ANNUAL REPURT				Jan 05, 200 / 08:00			
DOCU	MENT # P020000154	l81		1	Se	ecretar	y of Stat
1. Entity Nar	ne						
KENNEI	TH J. AFIENKO P.A.			İ			
Principal Plac	ce of Business	Mailing Address		-			
	ENUE, NORTH	560 1ST AVENUE, NORTH					
	BURG, FL 33701	ST. PETERSBURG, FL 33701					
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2				5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current Re	gistered Agent	<u> </u>				
AFIENKO	, KENNETĤ J		Local Control		Fr. C		
560 1ST A	VENUE, NORTH				NOT W	KIIE	
ST. PETERSBURG, FL 33701			30	· IN T	HIS SP	ACE	ع المعتمرين ما يران الرواح المعتمرين ما يران
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the obligation	e named entity submits this statement for the tions of registered agent.	e purpose of changing its registere	ed office or register	ed agent, or both	n, in the State of Flo	orida. I am familia	ar with, and accept
SIGNIATI IDE	96.5						
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	d Ageni signature required	when reinstating)		DATE	
1 1	Signature, typed or printed name of registered agent and	A Florie Commission Figure				DATE	
1 1	Signature, typed or printed name of registered agent and	A Florie Commission Figure	ncing \$5.	when reinstating)  00 May Be ed to Fees	,	DATE	
1 1	Signature, typed or printed name of registered agent and	9. Election Campaign Finan Trust Fund Contribution.	ncing \$5.	00 May Be ed to Fees	e Santo Circ	DATE	4.3
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12. I hereby certify that the information supplied with this filling 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

Kenneth Aftenko

URE AND TOTAL OF PINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/07 727-894-539

Daytime Phone #