


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000029365	
1. Entity Name MYJAK, INC.	

Principal Place of Business 2569 REDWOOD CIRCLE CLEARWATER, FL 33763	Mailing Address 2569 REDWOOD CIRCLE CLEARWATER, FL 33763
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01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0631762	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MYJAK, VICKI I 2569 REDWOOD CIRCLE CLEARWATER, FL 33763

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000184922
01/20/05-80052-008 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MYJAK, VICKI I 2569 REDWOOD CL CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TYLER, KAY L 907 W WOODLAWN AVE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOOTH, ROBERT L 3316 SAN BERNADINO CLEARWATER, FL 34619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **Vicki I. Myjak** **1/14/05 (727) 278-5700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #