

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90025 014 \*\*\*150.00

**DOCUMENT # F02000029365**

1. Entity Name

MYJAK, INC.



Principal Place of Business  
2569 REDWOOD CIRCLE  
CLEARWATER FL 33763

Mailing Address  
2569 REDWOOD CIRCLE  
CLEARWATER FL 33763



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
01-0631762

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYJAK, VICKI I  
2569 REDWOOD CIRCLE  
CLEARWATER FL 33763

Name

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

City

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

*Vicki I Myjak*

PRESIDENT

1/30/06

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME C  
STREET ADDRESS MYJAK, VICKI I  
CITY-ST-ZIP 2569 REDWOOD CL  
CLEARWATER FL 33763

TITLE  
NAME SD  
STREET ADDRESS TYLER, KAY L  
CITY-ST-ZIP 907 W WOODLAWN AVE  
TAMPA FL 33603

TITLE  
NAME D  
STREET ADDRESS BOOTH, ROBERT L  
CITY-ST-ZIP 3316 SAN BERNADINO  
CLEARWATER FL 34619

TITLE  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #