

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90032 025 ***150.00

DOCUMENT # P02000062866

1. Entity Name
KAWECKI ENTERPRISES, INC.



Principal Place of Business
**105 FAIRWAY LN
ROYAL PALM BEACH, FL 33411 US**

Mailing Address
**105 FAIRWAY LN
ROYAL PALM BEACH, FL 33411 US**

50059204



07292005 No Chg-P CR2E034 (10/03)

4. FEI Number
68-0506798

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KAWECKI, RONALD R II
105 FAIRWAY LN
ROYAL PALM BEACH, FL 33411**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAWECKI, RONALD R II
STREET ADDRESS	105 FAIRWAY LN
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Ronald R Kaweck II Ronald R Kaweck II 7/29/05 561-358-9693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50059204

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

July 22, 2005

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Taxpayer: KAWECKI ENTERPRISES, INC.
Document #: P02000062866
FEIN: 68-0506798
Tax Form: UBR
Tax Period: 2005

To Whom It May Concern:

We have enclosed check # in the amount of \$150.00 for the 2005 Corporate Annual Renewal of KAWECKI ENTERPRISES, INC., Document # P02000062866.

Please abate the penalty as Mr. Kawecky did not receive the original UBR. The Corporation did not intentionally avoid the filing fee.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc