


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000120974 1. Entity Name PAULETICH SERVICES INC.	
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01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2068417	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAULETICH, GARY R
9024 NW 60TH STREET
TAMARAC, FL 33321

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAULETICH, MARIA A 9024 NW 60TH STREET TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PAULETICH, GARY R 9024 NW 60TH STREET TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD PAULETICH, GARY R 9024 N.W. 60TH STREET TAMARAC, FL 33321
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/05/04-80067-022 150.00

**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:  **MARIA A. PAULETICH** 3-31-04 954-3665892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #