

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P02000120974**

1. Entity Name  
**PAULETICH SERVICES INC.**



Principal Place of Business <b>9024 NW 60TH STREET          TAMARAC, FL 33321 US</b>	Mailing Address <b>9024 NW 60TH STREET          TAMARAC, FL 33321 US</b>
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01102004 No Chg-P CR2E034 (10/03)

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

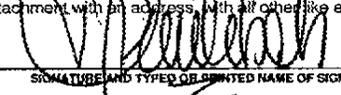
10. OFFICERS AND DIRECTORS

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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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 #