

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90116 036 ***150.00

DOCUMENT # P02000128769 1. Entity Name CZECHLAND ENTERPRISES, INC.					
Principal Place of Business 1351 S. RIDGEWOOD AVE. SUITE 3 DAYTONA BEACH, FL 32114			Mailing Address 1351 S. RIDGEWOOD AVE. SUITE 3 DAYTONA BEACH, FL 32114		
2. Principal Place of Business 2 TAM-O-SHANTER LN.		3. Mailing Address 2 TAM-O-SHANTER LN			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ORMOND BCH		City & State ORMOND BCH		4. FEI Number 450494289	
Zip 32174		Country Poland		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KREJCI, FRANK 1351 S. RIDGEWOOD AVE. SUITE 3 DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name KREJCI FRANK Street Address (P.O. Box Number is Not Acceptable) 2 TAM-O-SHANTER LN City ORMOND BCH FL Zip Code 32174		
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. FRANK SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP P FRANK KREJCI 2 TAM-O-SHANTER LN ORMOND BEACH FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			9/1/04 386-846-1570 Date Daytime Phone #		

54071886



07012004 Chg-P CR2E034 (10/03)

4. FEI Number **450494289** Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name **KREJCI FRANK**
 Street Address (P.O. Box Number is Not Acceptable) **2 TAM-O-SHANTER LN**
 City **ORMOND BCH** **FL** Zip Code **32174**

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**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #