

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90048 027 ***150.00

DOCUMENT # P03000032590 1. Entity Name PEKOZ CONSTRUCTION INC.					
Principal Place of Business 14459 RIVER BEACH DR, B-114 PORT CHARLOTTE, FL 33953			Mailing Address 14459 RIVER BEACH DR, B-114 PORT CHARLOTTE, FL 33953		
2. Principal Place of Business 3337 DUPRE ST.		3. Mailing Address JANE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PORT CHARLOTTE, FL		City & State 		4. FEI Number 03-0511244	
Zip 33980		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOVARIK, PETR 14459 RIVER BEACH DR, B-114 PORT CHARLOTTE, FL 33953				7. Name and Address of New Registered Agent Name PETR KOVARIK Street Address (P.O. Box Number is Not Acceptable) 3337 DUPRE ST. City PORT CHARLOTTE FL Zip Code 33980	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE <i>Petr Kovarik</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> PETR KOVARIK REG. AGENT </div> <div style="width: 30%; text-align: right;"> 3/25/05 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOVARIK, PETR 14459 RIVER BEACH DR., #B114 PORT CHARLOTTE, FL 33953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3337 DUPRE ST. PORT CHARLOTTE, FL 33980	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZYPANKOVA, ZDENKA 14459 RIVER BEACH DR., B114 PORT CHARLOTTE, FL 33953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Petr Kovarik</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PETR KOVARIK PRES.		
			3/25/05 941-743-4208 <small>Date Daytime Phone #</small>		

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