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Secretary of State
05-03-2004 90716 015 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000045347

1. Entity Name
PETER M. KRAKOWSKI, INC.

Principal Place of Business	Mailing Address
7117 PELICAN BAY BLVD #1408 NAPLES, FL 34108	7117 PELICAN BAY BLVD #1408 NAPLES, FL 34108

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1263 RIALTO WAY		1263 RIALTO WAY	
Suite, Apt. #, etc. #201		Suite, Apt. #, etc. #201	
City & State NAPLES, FL.		City & State NAPLES, FL.	
Zip 34114	Country U.S.	Zip 34114	Country U.S.

4. FEI Number 05-0565085 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRAKOWSKI, PETER M
7117 PELICAN BAY BLVD #1408
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 Peter M. Krakowski April 29, 2004

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D KRAKOWSKI, PETER M 7117 PELICAN BAY BLVD #1408 NAPLES, FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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: Peter M. Krakowski April 29, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE