

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90075 042 \*\*\*150.00

DOCUMENT # P03000045347	
1. Entity Name PETER M. KRAKOWSKI, INC.	

Principal Place of Business 1263 RIALTO WAY #201 NAPLES, FL 34114	Mailing Address 1263 RIALTO WAY #201 NAPLES, FL 34114
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20000000



2. Principal Place of Business 1060 BORGHESE LANE Suite, Apt. #, etc. # 101	3. Mailing Address 1060 BORGHESE LANE Suite, Apt. #, etc. # 101
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07052005 Chg-P CR2E034 (10/03)

City & State NAPLES FL.	City & State NAPLES FL.	4. FEI Number 05-0565085	Applied For <input type="checkbox"/> Not Applicable
Zip 34114	Country U.S.	Zip 34114	Country U.S.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Peter M. Krakowski DATE: July 12, 2005

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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 <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
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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: Peter M. Krakowski Date: 7-12-2005 Daytime Phone #: 239-404-5539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State  
Division Of Corporations  
P.O. box 1500  
Tallahassee, FL. 32302

ATTACHMENT  
POB 600045347 July 12, 2005  
260003504

To Whom It May Concern:

Earlier this year on March 1, 2005 I moved from 1263 Rialto Way # 201 Naples, FL. 34114 to my new residence at 1060 Borghese Lane #101 Naples, FL. 34114. I have made several formal complaints to the U.S. Postal supervisor about non receipt of important bills and documents. I'm writing you to inform your office that I only received a Notice of Intent to Dissolve a couple of days ago. I have never had any prior notification of notice. Please except the enclosed payment of \$ 150.00 as full payment if possible.



Peter M. Krakowski/ President  
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