

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90820 045 ***150.00

DOCUMENT # P03000048704

1. Entity Name
ELEMENT CONSTRUCTION INC.



Principal Place of Business
**2809 W WYOMING AVE
TAMPA, FL 33611**

Mailing Address
**2809 W WYOMING AVE
TAMPA, FL 33611**

2. Principal Place of Business - No P.O. Box #

5811 INTERBAY BLVD → SAME

3. Mailing Address

Suite, Apt. #, etc.

01072007

Chg-P

CR2E034 (12/06)

City & State

TAMPA, FL

City & State

4. FEI Number

90-0074455

Applied For

Not Applicable

Zip

33611

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BYKUC, CEZARY
2809 W WYOMING AVE
TAMPA, FL 33611**

7. Name and Address of New Registered Agent

Name **CEZARY BYKUC**

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

5811 INTERBAY BLVD

City

TAMPA

FL

Zip Code

33611

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

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

**CEZARY BYKUC
REG. AGENT**

(NOTE: Registered Agent signature required when reinstating)

3/07/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BYKUC, CEZARY**
CITY-ST-ZIP **2809 W WYOMING AVE
TAMPA, FL 33611**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **ROSENDE, STACY**
CITY-ST-ZIP **2809 W. WYOMING AVE.
TAMPA, FL 33611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**CEZARY BYKUC
PRES.**

3/07/07

Date

Daytime Phone #

813-215-2870