

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000055119

1. Entity Name

JOANNA M. CHMILARSKI, P.A.



**FILED
Apr 23, 2004 8:00 am
Secretary of State**

04-23-2004 90264 043 ***150.00

24003440



MOORE CR2E034 (11/03)

Principal Place of Business 147 E. 28TH ST RIVIERA BEACH FL 33404	Mailing Address 147 E. 28TH ST RIVIERA BEACH FL 33404
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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WOOD, THEODORE P 147 E. 28TH ST RIVIERA BEACH FL 33404	Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number 30-0179493	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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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 Joanna Chmilarski	Date 4/18/04
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SIGNATURE Signature Joanna Chmilarski	registered agent and title if applicable Joanna Chmilarski	DATE 4/18/04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004. Fee will be \$550.00 Make Check Payable to Florida Department of State	
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHMILARSKI, JOANNA M 147 E. 28TH ST RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 line empowered.

SIGNATURE: *Joanna Chmilarski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04 561-301-5076
561-842-0291
Daytime Phone #