2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-12-2004 90653 041 ***150.00

DOCUMENT # P03000082477

1. Entity Name
DENISE WOZNIAK, INC.

Principal Place of Business	Mailing Address
13540 SIESTA PINES, UNIT #101 FT. MYERS FL 33908	13540 SIESTA PINES, UNIT #101 FT. MYERS FL 33908

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
8284 Southwind Bay Circle	8284 Southwind Bay Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, Fla	City & State: Fort Myer Fla.
Zip: 33908 Country: Lee	Zip: 33908 Country: Lee

4. FEI Number: 57-1183014 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WELLEMAN, SHELLY
1342 COLONIAL BLVD., UNIT K112
FT. MYERS FL 33907

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PTVS WOZNIAK, DENISE 13540 SIESTA PINES, UNIT #101 FT. MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTVS Wozniak Denise 8284 Southwind Bay Circle Fort Myers Fla 33908	☑ Change ☐ 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: Denise Wozniak 239-482-4666.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #