

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

03-29-2004 90397 011 ***150.00

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03022004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000112045
1. Entity Name
MICHAEL MUZYCHKO INC



Principal Place of Business
**6370 30TH WAY NORTH
ST PETERSBURG, FL 33702**

Mailing Address
**6370 30TH WAY NORTH
ST PETERSBURG, FL 33702**

2. Principal Place of Business
2570 15th AVENUE NORTH

3. Mailing Address
2570 15th AVENUE N1.

Suite, Apt. #, etc.
33713 USA

Suite, Apt. #, etc.
33713 USA

4. FEI Number
20-0292867

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**RIVERVIEW FINANCIAL & ACCTG SVC INC
7035 US HWY 301 SOUTH
RIVERVIEW, FL 33569**

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 *Michael Muzychko*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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	P MUZYCHKO, MICHAEL J 6370 30 TH WAY NORTH ST PETERSBURG, FL 33702 <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)(f), 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: *Michael Muzychko* **4-5-04** **726 3653**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #