

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

Suite, Apt. #, etc.

3. Mailing Address
2570 15th Avenue XI.

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

Zip 33713

Country USA

City & State
St. Petersburg, FL

Zip 33713

Country USA

3

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

03-29-2004 90397 011 ***150.00

66411474



03022004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0292867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name

RIVERVIEW FINANCIAL & ACCTG SVC INC

7035 US HWY 301 SOUTH
RIVERVIEW, FL 33569

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 reinstating)

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
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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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

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: *Michael Muzychko*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-04

Date

726 3653

Daytime Phone #