

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90030 018 ***158.75

DOCUMENT # P03000119003

1. Entity Name

TADEUSZ ZWARYCZ CARPET INSTALLATION, INC.



Principal Place of Business

4425 CORONADO PARKWAY
CAPE CORAL FL 33904

Mailing Address

4425 CORONADO PARKWAY
CAPE CORAL FL 33904

2. Principal Place of Business

4425 CORONADO PKWY
Suite, Apt. #, etc.
CAPE CORAL
City & State
FL

3. Mailing Address

4425 CORONADO PKWY
Suite, Apt. #, etc.
CAPE CORAL
City & State
FL



MOORE

CR2E034 (11/03)

4. FEI Number

20-0324758

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZWARYCZ, TADEUSZ
4425 CORONADO PARKWAY
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name TADEUSZ ZWARYCZ
Street Address (P.O. Box Number is Not Acceptable)
4425 CORONADO PKWY
City CAPE CORAL FL Zip Code 33904

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-04

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

TITLE P ☐ Delete
NAME ZWARYCZ, TADEUSZ
STREET ADDRESS 4425 CORONADO PARKWAY
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

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

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

TITLE ☐ Change ☐ Addition
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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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04

Date

(329) 542-0802

Daytime Phone #