2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 08:00 AN Secretary of State **DOCUMENT # P03000127901** 1. Entity Name WISNESKI & ASSOCIATES P.A. Principal Place of Business Mailing Address **810 SATURN STREET 810 SATURN STREET** #30 #30 JUPITER, FL 33477 JUPITER, FL 33477 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0851763 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WISNESKI, RONALD H DO NOT WRITE 810 SATURN STREET IN THIS SPACE **STE 30** JUPITER, FL 33477 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 H00000809608 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE WISNESKI, RONALD H NAME STREET ADDRESS 18586 LAKESIDE GARDENS DR CITY-ST-ZIP JUPITER, FL 33458 TITLE WISNESKI, JONICA L NAME STREET ADDRESS 18586 LAKESIDE GARDEN DR.

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 trusted 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 attachme

SIGNATURE:

JUPITER, FL 33458

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

NAME STREET ADDRESS

TITLE

561 7472772

Daytime Phone #