

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127977

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: VITALY MARCHUK CARPENTRY, INC.

## Current Principal Place of Business:

6616 PONCE DE LEON BLVD.  
NORTH PORT, FL 34286

## New Principal Place of Business:

## Current Mailing Address:

3954 CHAMBERLAIN BLVD.  
NORTH PORT, FL 34286

## New Mailing Address:

6616 PONCE DE LEON BLVD.  
NORTH PORT, FL 34286

FEI Number: 20-0370152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARCHUK, VITALY  
6616 PONCE DE LEON BLVD.  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MARCHUK, VITALY  
Address: 3954 CHAMBERLAIN BLVD.  
City-St-Zip: NORTH PORT, FL 34286

Title: VD ( ) Delete  
Name: KONONENKO, VENIAMIN  
Address: 3954 CHAMBERLAIN BLVD.  
City-St-Zip: NORTH PORT, FL 34286

Title: VD ( ) Delete  
Name: DEAN, CHARLES A  
Address: 3954 CHAMBERLAIN BLVD.  
City-St-Zip: NORTH PORT, FL 34286

Title: STD ( ) Delete  
Name: KONONENKO, OKSANA  
Address: 3954 CHAMBERLAIN BLVD.  
City-St-Zip: NORTH PORT, FL 34286

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MARCHUK, VITALY  
Address: 6616 PONCE DE LEON BLVD.  
City-St-Zip: NORTH PORT, FL 34286

Title: VD (X) Change ( ) Addition  
Name: KONONENKO, VENIAMIN  
Address: 6616 PONCE DE LEON BLVD.  
City-St-Zip: NORTH PORT, FL 34286

Title: VD (X) Change ( ) Addition  
Name: PSHELENSKY, JURI  
Address: 6616 PONCE DE LEON BLVD.  
City-St-Zip: NORTH PORT, FL 34286

Title: STD (X) Change ( ) Addition  
Name: MARCHUK, OKSANA  
Address: 6616 PONCE DE LEON BLVD.  
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VITALY MARCHUK

P

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date