



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90407 023 ***150.00

DOCUMENT # P03000135514					
1. Entity Name YANUSZEWSKI CORPORATION					
Principal Place of Business 5040 COLONIAL AVENUE JACKSONVILLE, FL 32210 US			Mailing Address 5040 COLONIAL AVENUE JACKSONVILLE, FL 32210 US		
2. Principal Place of Business - No P.O. Box # 5866 LAMOYA AVE		3. Mailing Address 5866 LAMOYA AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132007 Chg-P CR2E034 (12/06)	
City & State Jacksonville Fl.		City & State Jacksonville Fl.		4. FEI Number 54-2133731	
Zip 32210		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YANUSZEWSKI, JOSEPH 5040 COLONIAL AVENUE JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name Yanuszewski, Joseph Street Address (P.O. Box Number is Not Acceptable) 5866 LAMOYA AVE City Jacksonville FL Zip Code 32210		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST YANUSZEWSKI, JOSEPH <input type="checkbox"/> Delete 5040 COLONIAL AVENUE JACKSONVILLE, FL 32210				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Yanuszewski, Joseph 5866 LAMOYA AVE Jacksonville, Fl. 32210				
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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 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 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:  Joseph Yanuszewski 4/13/07 904.533-1654					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					