


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90012 047 ***158.75

DOCUMENT # P03000139799	
1. Entity Name NORMAN J. KOTLEWSKI GENERAL CONTRACTOR, INC.	

Principal Place of Business 8 BAYOU WOODS CT FT WALTON BEACH FL 32548	Mailing Address 8 BAYOU WOODS CT FT WALTON BEACH FL 32548
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54054154

2. Principal Place of Business 8 BAYOU Woods Ct	3. Mailing Address 8 BAYOU Woods Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT. Walton Bch FL	City & State FT WALTON Bch FL
Zip 32548	Country USA
Zip 32548	Country USA



05112004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0427942	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOTLEWSKI, NORMAN J 8 BAYOU WOODS CT FT WALTON BEACH, FL 32548	
7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

SEE ATTACHED LETTER FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTLEWSKI, NORMAN J 8 BAYOU WOODS CT FT WALTON BEACH, FL 32548 <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: Norman J. Kotlewski **NORMAN J. KOTLEWSKI** 5-10-04 850-862-2639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NORMAN J. KOTLEWSKI: Gen Con ^{Attachment} INC
P03000139799

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5-10-04 574054154

My sole proprietor business was changed to a corporation, because of the recent new laws for Workers Compensation exemption. Therefore I am still learning all the forms needed.

In March I filled out a form for the State Dept of Revenue, and I believed it was to cover this annual report form.

Therefore I ask you waive the 400.00 fine for late filing, because of the confusion. It would be appreciated, as I learn all the requirements of being incorporated.

Thank you
Norman J. Kotlewski