

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90048 010 ***150.00

DOCUMENT # P03000139889

1. Entity Name
JOE LYSAKOWSKI, INC.



Principal Place of Business
**9441 E ATKINSON CT
FLORAL CITY, FL 34436**

Mailing Address
**9441 E ATKINSON CT
FLORAL CITY, FL 34436**

50010241



2. Principal Place of Business
6400 THISTLEBROOK LN.

3. Mailing Address
6400 THISTLEBROOK LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005

Chg-P

CR2E034 (10/03)

City & State
BROOKSVILLE, FL

City & State
BROOKSVILLE, FL

4. FEI Number
20-0425874

Applied For
Not Applicable

Zip
34602

Country

Zip
34602

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYSAKOWSKI, JOE
9441 E ATKINSON CT
FLORAL CITY, FL 34436**

Name
LYSAKOWSKI, JOE

Street Address (P.O. Box Number is Not Acceptable)
6400 THISTLEBROOK LN.

City
BROOKSVILLE

FL

Zip Code
34602

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 ☒

Joe Lysakowski

(NOTE: Registered Agent signature required when reinstating)

1/28/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPST
LYSAKOWSKI, JOE
9441 E ATKINSON CT
FLORAL CITY, FL 34436** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D/P/S/T
LYSAKOWSKI, JOE
6400 THISTLEBROOK LN.
BROOKSVILLE, FL 34602** ☒ Change ☐ Addition

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

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

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CITY - ST - ZIP ☐ Change ☐ 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: ☒

Joe Lysakowski

JOE LYSAKOWSKI

1/28/05

Date

Daytime Phone #