
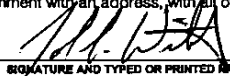


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90235 041 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000155511			
1. Entity Name J L WITECK, INC.			
Principal Place of Business 2189 LOGAN STREET CLEARWATER, FL 33765		Mailing Address 2189 LOGAN STREET CLEARWATER, FL 33765	
2. Principal Place of Business		3. Mailing Address 2328 US Hwy 19	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Holiday, FL 34691	
Zip	Country	Zip	Country
34691	USA	34691	USA
6. Name and Address of Current Registered Agent WITECK, JOHN L 2189 LOGAN STREET CLEARWATER, FL 33765		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WITECK, JOHN L 2189 LOGAN STREET CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John L Witeck 2328 US Hwy 19 Holiday, FL 34691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WITECK, JOHN L 2189 LOGAN STREET CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John L Witeck 2328 US Hwy 19 Holiday, FL 34691 <input checked="" 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 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: 		2/4/06 (727) 938-2363	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	