

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000155511</b>	
1. Entity Name J L WITECK, INC.	
Principal Place of Business 2189 LOGAN STREET CLEARWATER, FL 33765	Mailing Address 2328 US HWY 19 HOLIDAY, FL 34691



05022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0553252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WITECK, JOHN L 2189 LOGAN STREET CLEARWATER, FL 33765	<b>DO NOT WRITE IN THIS SPACE</b>
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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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WITECK, JOHN L 2328 US HWY 19 HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WITECK, JOHN L 2189 LOGAN STREET CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,S WITECK, JOHN L 2189 LOGAN STREET CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WITECK, JOHN L 2328 US HWY 19 HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WITECK, JOHN L 2328 US HWY 19 HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000761068  
05/25/07-80039-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/07