

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P03000155511

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



02282008 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"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WITECK, JOHN L
2189 LOGAN STREET
CLEARWATER, FL 33765

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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03/17/08-80002-003 150.00

**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

2/28/08

Date

(727) 938-2363

Daytime Phone #