

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P04000000924

1. Entity Name
MICHAEL IWASKEWYCH DRYWALL, INC.



Principal Place of Business
505 OVALANDO PLACE #B
NORTH PORT, FL 34287 US

Mailing Address
505 OVALANDO PLACE #B
NORTH PORT, FL 34287 US



03082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0591843

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IWASKEWYCH, MICHAEL L
505 OVALANDO PLACE #B
NORTH PORT, FL 34287

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 IWASKEWYCH, MICHAEL
STREET ADDRESS 505 OVALANDO PLACE #B
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE ST
NAME IWASKEWYCH, DIANA
STREET ADDRESS 505 OVALANDO PLACE #B
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE C
NAME PANECKI, JOHN
STREET ADDRESS 505 OVALANDO PLACE #C
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000927953
04/21/08-80040-025 150.00

**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:

Michael L. Iwaskewych
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL L. IWASKEWYCH 4/3/08

Date

Daytime Phone #

941 426 4219