

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000924

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: MICHAEL IWASKEWYCH DRYWALL, INC.

## Current Principal Place of Business:

505 OVALANDO PLACE #B  
NORTH PORT, FL 34287 US

## New Principal Place of Business:

505 OVALANDO PLACE #A  
NORTH PORT, FL 34287 US

## Current Mailing Address:

505 OVALANDO PLACE #B  
NORTH PORT, FL 34287 US

## New Mailing Address:

505 OVALANDO PLACE #A  
NORTH PORT, FL 34287 US

FEI Number: 20-0591843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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.

SIGNATURE:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: IWASKEWYCH, MICHAEL  
Address: 505 OVALANDO PLACE #B  
City-St-Zip: NORTH PORT, FL 34287 US

Title: ST ( ) Delete  
Name: IWASKEWYCH, DIANA  
Address: 505 OVALANDO PLACE #B  
City-St-Zip: NORTH PORT, FL 324287 US

Title: C (X) Delete  
Name: PANECKI, JOHN  
Address: 505 OVALANDO PLACE #C  
City-St-Zip: NORTH PORT, FL 34287

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: IWASKEWYCH, MICHAEL  
Address: 505 OVALANDO PLACE #A  
City-St-Zip: NORTH PORT, FL 34287 US

Title: ST (X) Change ( ) Addition  
Name: IWASKEWYCH, DIANA  
Address: 505 OVALANDO PLACE #A  
City-St-Zip: NORTH PORT, FL 324287 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA IWASKEWYCH

SEC

04/14/2009

Electronic Signature of Signing Officer or Director

Date