## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000004688

Entity Name: KOSAREK CONSTRUCTION CO.

KOSAREK, DOUGLAS J

SOUTH DAYTONA, FL 32119

PITCHFORD, REBECCA L

ORMOND BEACH, FL 32119

109 RIO PINAR

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() Delete

146 BELLEWOOD AV.

D/VP

DA/P

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Apr 20, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 146 BELLEWOOD AVE SOUTH DAYTONA, FL 32119 **Current Mailing Address: New Mailing Address:** 146 BELLEWOOD AVE SOUTH DAYTONA, FL 32119 FEI Number: 32-0103487 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: KOSAREK, RICHARD KOSAREK, RICHARD 146 BELLEWOOD AVE 135 TRADEWINDS CIRCLE SOUTH DAYTONA, FL 32119 US SOUTH DAYTONA, FL 32119 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: RICHARD KOSAREK 04/20/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition KOSAREK, RICHARD V PRES KOSAREK, RICHARD V PRES Name: Name: 146 BELLEWOOD AVE 135 TRADEWINDS CIRCLE Address: Address: City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: SOUTH DAYTONA, FL 32119 D/VP Title: Title: () Delete () Change () Addition Name: KOSAREK, JUDITH A Name: 135 TRADEWINDS CIRCLE Address: Address: SOUTH DAYTONA, FL 32119 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: DMP () Change () Addition

Name:KOSAREK, DAVID WName:Address:109 ANCHOR DRIVEAddress:City-St-Zip:PONCE INLET, FL 32127City-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.

Name:

Title:

Name:

Title:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: RICHARD KOSAREK PRES 04/20/2008

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