

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90031 002 \*\*\*158.75

<b>DOCUMENT # P04000013294</b> 1. Entity Name <b>JOHN NOVAK, INC.</b>																																																																																																							
Principal Place of Business <b>19155 AYERS RD. BROOKSVILLE, FL 34604</b>		Mailing Address <b>19155 AYERS RD. BROOKSVILLE, FL 34604</b>																																																																																																					
2. Principal Place of Business - No P.O. Box # <b>5310 NW 52nd Ct.</b>		3. Mailing Address <b>5310 NW 52nd Ct.</b>																																																																																																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																					
City & State <b>Chiefland, FL</b>		City & State <b>Chiefland, FL</b>																																																																																																					
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Country <b>US</b>		Country <b>US</b>																																																																																																					
4. FEI Number <b>20-0709458</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																					
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																																																																																					
6. Name and Address of Current Registered Agent  <b>NOVAK, JOHN 19155 AYERS RD. BROOKSVILLE, FL 34604</b>		7. Name and Address of New Registered Agent Name <b>John Novak</b> Street Address (P.O. Box Number is Not Acceptable) <b>5310 NW 52nd Ct</b> City <b>Chiefland</b> <b>FL</b> Zip Code <b>32626</b>																																																																																																					
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 <u><i>John Novak</i></u> DATE <u>4.7.08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">PTD</td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td>NOVAK, JOHN</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>19155 AYERS RD.</td> <td>STREET ADDRESS</td> <td><b>5310 NW 52nd Ct</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BROOKSVILLE, FL 34604</td> <td>CITY-ST-ZIP</td> <td><b>Chiefland FL 32626</b></td> </tr> <tr> <td>TITLE</td> <td>DV</td> <td>TITLE</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td>NOVAK, PATRICIA</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>19155 AYERS RD.</td> <td>STREET ADDRESS</td> <td><b>5310 NW 52nd Ct</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BROOKSVILLE, FL 34604</td> <td>CITY-ST-ZIP</td> <td><b>Chiefland, FL 32626</b></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td>TITLE</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td>NOVAK, DANIEL</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>19155 AYERS RD</td> <td>STREET ADDRESS</td> <td><b>5310 NW 52nd Ct</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BROOKSVILLE, FL 34604</td> <td>CITY-ST-ZIP</td> <td><b>Chiefland, FL 32626</b></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	PTD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NOVAK, JOHN	NAME		STREET ADDRESS	19155 AYERS RD.	STREET ADDRESS	<b>5310 NW 52nd Ct</b>	CITY-ST-ZIP	BROOKSVILLE, FL 34604	CITY-ST-ZIP	<b>Chiefland FL 32626</b>	TITLE	DV	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NOVAK, PATRICIA	NAME		STREET ADDRESS	19155 AYERS RD.	STREET ADDRESS	<b>5310 NW 52nd Ct</b>	CITY-ST-ZIP	BROOKSVILLE, FL 34604	CITY-ST-ZIP	<b>Chiefland, FL 32626</b>	TITLE	S	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NOVAK, DANIEL	NAME		STREET ADDRESS	19155 AYERS RD	STREET ADDRESS	<b>5310 NW 52nd Ct</b>	CITY-ST-ZIP	BROOKSVILLE, FL 34604	CITY-ST-ZIP	<b>Chiefland, FL 32626</b>	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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: <u><i>John Novak</i></u> <u>John Novak</u> <u>4.7.08</u> <u>352584.0793</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																							