2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 13, 2008 08:00 Al DOCUMENT # P04000025182 1. Entity Name **Secretary of State** THOMAS L. BACSIK, INC. Puncipal Place of Business Mailing Address P O BOX 938 P O BOX 938 LADY LAKE FL 32158 LADY LAKE FL 32158 2. Principal Place of Business - No P.O. Box # 3. Mading Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 34-1980625 Not Applicable Zıp Z_{1D} Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BACSIK, THOMAS L Street Address (P.O. Box Number is Not Acceptable) 5830 SPINNAKER LOOP LADY LAKE FL 32159 City Zip Code 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 Sensitive, typed or true editable of rigilaterod openhand the Fampicable. (NOTE: Registreed Agont eignaturn required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TILE ☐ Addition ☐ Change BACSIK, THOMAS L NAME STREET ADDRESS | P O BOX 938 STREET ADDRESS CITY-ST-ZIP LADY LAKE FL 32158 CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change Maddition Addition U00000825926 NAME BACSIK, MARLENE NAME 02/21/08-80030-001 150.00 STREET ADDRESS P O BOX 938 STREET ADDRESS CITY-ST-7IP LADY LAKE FL 32158 CITY-ST-ZIP THUE Delete TILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP nue ☐ Dæiete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Derete THEF Change Change Addition | NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Ficrida 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.

THOMAS L. BACSIK