

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90045 001 ***150.00
01-07-2008 90045 002 *****8.75

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01032008 Chg-P CR2E034 (12/06)

DOCUMENT # P04000034257 1. Entity Name DOROTHY F. WIENCEK, INC.					
Principal Place of Business 4727 COMPASS DRIVE BRADENTON, FL 34208 US			Mailing Address 4727 COMPASS DRIVE BRADENTON, FL 34208 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0855038	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIENCEK, DOROTHY F 4727 COMPASS DRIVE BRADENTON, FL 34208				7. Name and Address of New Registered Agent Name PAUL C. WIENCEK Street Address (P.O. Box Number is Not Acceptable) 4727 Compass Dr. City Bradenton FL 34208	
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>Dorothy F. Wienczek</i></u> <u><i>Dorothy F. Wienczek</i></u> <u>1/4/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIENCEK, DOROTHY F 4727 COMPASS DRIVE BRADENTON, FL 34208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIENCEK, PAUL C 4727 COMPASS DRIVE BRADENTON, FL 34208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: PAUL C. WIENCEK <u><i>Paul C. Wienczek</i></u> <u>1/4/08</u> <u>(941) 748-6880</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					