
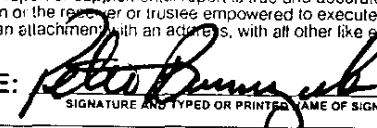


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90043 021 \*\*\*150.00

DOCUMENT # P04000072162					
1. Entity Name PETER BANASZAK CORPORATION					
Principal Place of Business 612 W SURF SPRAY LANE PONTE VEDRA BEACH, FL 32082			Mailing Address 612 W SURF SPRAY LANE PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business - No P.O. Box # 1021 INVERNESS DRIVE		3. Mailing Address 1021 INVERNESS DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST. AUGUSTINE		City & State ST. AUGUSTINE		4. FEI Number 20-1103826	
Zip 32092		Country ST. JOHNS		Applied For Not Applicable	
Zip 32092		Country ST. JOHNS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BANASZAK, PETER A 612 W SURF SPRAY LANE PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1021 INVERNESS DRIVE City ST. AUGUSTINE FL Zip Code 32092		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		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	PTD BANASZAK, PETER A 612 W SURF SPRAY LANE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1021 INVERNESS DRIVE ST. AUGUSTINE, FL 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BANASZAK, SUZANNE 612 W SURF SPRAY LANE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1021 INVERNESS DRIVE ST. AUGUSTINE, FL 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  PETER BANASZAK			3-1-08 (904) 940-5718		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		