

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90033 013 ***150.00

DOCUMENT # P05000006477

1. Entity Name
IVONA'S S&P INC.



Principal Place of Business
6991 BRIARWOOD AVE. N.
PINELLAS PARK, FL 33781

Mailing Address
6991 BRIARWOOD AVE. N.
PINELLAS PARK, FL 33781

2. Principal Place of Business - No P.O. Box #
7097 ABERFELDY AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. PETERSBURG FL

City & State

4. FEI Number
20-2154123

Applied For
Not Applicable

Zip
33709

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASTWA, IWONA E
6991 BRIARWOOD AVE. N.
PINELLAS PARK, FL 33781

Name
PASTWA IWONA

Street Address (P.O. Box Number is Not Acceptable)

7097 ABERFELDY AVE N.

City
ST. PETERSBURG

FL

Zip Code
33709

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
PASTWA, IWONA E
6991 BRIARWOOD AVE. N.
PINELLAS PARK, FL 33781 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7097 ABERFELDY AVE N.
ST. PETERSBURG FL 33709 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PASTWA, SLAWOMIR
6991 BRIARWOOD AVE. N.
PINELLAS PARK, FL 33781 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7097 ABERFELDY AVE N
ST. PETERSBURG FL 33709 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
PASTWA LUKASZ
7097 ABERFELDY AVE N
ST. PETERSBURG FL 33709 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #