

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020335

Entity Name: DON BIROSHIK, CPA, PA

FILED  
Apr 18, 2008  
Secretary of State

## Current Principal Place of Business:

4135 AMERICAN WAY  
MIDDLEBURG, FL 32066

## New Principal Place of Business:

4135 AMERICAN WAY  
MIDDLEBURG, FL 32068

## Current Mailing Address:

4135 AMERICAN WAY  
MIDDLEBURG, FL 32066

## New Mailing Address:

4135 AMERICAN WAY  
MIDDLEBURG, FL 32068

FEI Number: 20-2292791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIROSHIK, DONALD L  
4135 AMERICAN WAY  
MIDDLEBURG, FL 32066 US

## Name and Address of New Registered Agent:

BIROSHIK, DONALD L  
4135 AMERICAN WAY  
MIDDLEBURG, FL 32068 US

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.

SIGNATURE:

04/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BIROSHIK, DONALD L  
Address: 4135 AMERICAN WAY  
City-St-Zip: MIDDLEBURG, FL 32066

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD L. BIROSHIK

PRES

04/18/2008

Electronic Signature of Signing Officer or Director

Date