2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000020607

1. Entity Name
CHRISTINE J. PAWLOWSKI, INC

Principal Place of Business	Mailing Address
263 CAMINO PLACE	263 CAMINO PLACE
MELBOURNE BEACH, FL 32951 US	MELBOURNE BEACH, FL 32951 US

01052007   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
84-1670016	Not Applicable

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

6. Name and Address of Current Registered Agent

PAWLOWSKI, CHRISTINE J
263 CAMINO PLACE
MELBOURNE BEACH, FL 32951

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

U00000746008
05/16/07-80051-010 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	PAWLOWSKI, CHRISTINE J	
STREET ADDRESS	263 CAMINO PLACE	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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: _Christine J Pawlowski_ Christine J Pawlowski 4/26/07 321-733-2301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #