

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90001 043 ***150.00

DOCUMENT # P05000031274

1. Entity Name

CHRIS WOJTOWICZ INC.



Principal Place of Business
8375 YORKE RD
WELLINGTON FL 33414
US

Mailing Address
8375 YORKE RD
WELLINGTON FL 33414
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2360824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E034 (4/06)

6. Name and Address of Current Registered Agent

WOJTOWICZ, KRZYSZTOF P
8375 YORKE RD
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

KRZYSZTOF WOJTOWICZ 8.19.06

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WOJTOWICZ, KRZYSZTOF
STREET ADDRESS 8375 YORKE RD
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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

8.19.06 (561)704-0934

Date

Daytime Phone #

From:

CHRIS NOJTONICZ INC.

8375 YORKE RD

WELLINGTON, FL 33414

doc # PO5000031274

Wellington 8.21.06

ATTACHMENT

50026208

To: Division of Corporations

Please waive the \$400.00 late fee, because I made a mistake and instead to Florida Department of State I made a check to Corporate Minute Services for \$150.00 on Feb. 10, 2006. I did not know that it is not the same division, and I thought that I paid on Annual Corporation Fee on time. I am sending a copy of that check and I hope my late fee will be waived.

Thank you!

Sincerely,

Chris Nojtonicz