## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

ANNUAL REPORT					Secretary of Sta		
DOCUMENT # P05000080678					5,	ceretary or Sta	
1. Entity Nar BERNI T	OMASZEWSKI, INC.						
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,	ce of Business	Mailing Address		]			
5922 OVELI	LA ROAD Le, Fl. 32244	5922 OVELLA ROAD Jacksonville, FL 32244					
MONSONAIL	LL, IL 32244	JACKSUNVILLE, FL 32244					
				 	<b>                                    </b>	<u> 5010% 1014, 60110 01% 11050% 101100% 11 (601</u>	
			No.	01182007	No Chg-P	CR2E034 (11/05)	
	O NOT WRITE	IN THIS SPA	CE	ļ		Applied For	
٠, -				4. FEI Number 20-259	3844	Not Applicable	
	1,80			5. Certificate	of Status Desired	\$8.75 Additional	
<u>-</u>	6. Name and Address of Current R	egistered Agent		1	The second states	Fee Required	
	or trains and Addition of Addition	ogietai za vigant					
DRUMMOND, DONALD L EA				***DO	NOT W	RITE	
263 N TEMPLE AVENUE STARKE, FL, FL 32091				in the second			
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			The state of the s	自由是議			
	named entity submits this statement for	the purpose of changing its registe	red office or register	ed agent, or bot	th, in the State of Flor	ida. I am familiar with, and accept	
the obliga	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent an	d tille if applicable (NOTE: Register	ed Agentalgnature required	when reinstaling)		DATE	
<u>'</u>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution				.00 May Be ed to Fees			
10.	OFFICERS AND D	IRECTORS	- 1	- jan-			
TITLE NAME	P TOMASZEWSKI, BERNADETTE		100				
STREET ADDRESS	5922 OVELLA ROAD						
CITY-ST-ZIP	JACKSONVILLE, FL 32244			Taganga Marand	UDODOŌ	362583 * * * * * * * * * * * * * * * * * * *	
TITLE	VP		10 m/d 10		03/21/07-)	30019-021 150.00°.	
NAME STREET ADDRESS	TOMASZEWSKI, STEVEN 5922 OVELLA ROAD			4			
CITY-\$1-ZIP	JACKSONVILLE, FL 32244			is the state of			
TITLE			1.18 C				
NAME STREET ADDRESS				**************************************			
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STREET ADDRESS CITY-ST-ZIP							
TITLE				William I CX			
NAME	,		13 3 3 18				
STREET ADDRESS CITY-ST-ZIP		•					
TITLE					ATRIA 1887 1985		
NAME		* •	The Figure	the state of the	The state of the s	and the second section is	

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

Besnedeth Somas zwish

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904-777-9196

Daytime Phone