2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90052 043 ***150.00

DOCUMENT # P06000010164

1. Entity Name
SPYCHALSKY, INC.

Principal Place of Business	Mailing Address
~~6700 S. FLORIDA AVE~~ #25	~~6700 S. FLORIDA AVE~~ #25
~~LAKELAND, FL 33813~~ US	~~LAKELAND, FL 33813~~ US

04082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box.#	3. Mailing Address
8319 Maid Marions	Same
Suite, Apt. #, etc. Trail	Suite, Apt. #, etc. as Principal
City & State Lakeland, Fl.	City & State
Zip 33809 Country Polk	Zip Country

4. FEI Number 20-4142817 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPYCHALSKY, ROBERT S
~~6700 S. FLORIDA AVE~~ #25
~~LAKELAND, FL 338~~13

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 8319 Maid Marions Trail
City Lakeland FL Zip Code 33809

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 SPYCHALSKY, ROBERT S ~~6700 S. FLORIDA AVE~~ #25 ~~LAKELAND, FL 33813~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 8319 Maid Marions Trail Lakeland, Fl. 33809
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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: Rbt Spychalsky 4-8-08 863-640-4515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #