2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000039791 1. Entity Name JAMES STRZALKO, INC.



Principal Place of Business

569 LAGOON DR OVIEDO, FL 32765 Mailing Address

569 LAGOON DR OVIEDO, FL 32765

FILED May 04, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4558775

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRZALKO, JAMES V 569 LAGOON DR OVIEDO, FL 32765

SIGNATURE:

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 Registere	d Agent signature required when reinstaling}	DATE
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Final Trust Fund Contribution.				
D	ue by September 14, 2007	Trust Furial Contribution.	□ Added to rees	
10.	OFFICERS AND DIRE	CTORS		tika ilika Marika ji ali iliku iliku iliku ilini iliku ilini ilika ilini ilika ilika ilika ilika ilika ilika i Ilika ilika Marika ji ali ilika ilika ilika ilini ilika ilini ilika ilika ilika ilika ilika ilika ilika ilika i
IHILE NAME STREET ADDRESS CITY-ST-ZIP	DPVS STRZALKO, JAMES V 569 LAGOON DR OVIEDO, FL 32765			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRZALKO, JAMES V 569 LAGOON DR OVIEDO, FL 32765			U00000761239
TITLE NAME STREET ADDRESS CITY+ST-ZIP			DO	05/25/07-80047-014.150.00 NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				
12. Thereby 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				

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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.