

ANNUAL REPORT

DOCUMENT # P06000101556

1. Entity Name
ROB & EWA SERVICES INC.



Principal Place of Business

4301 PLAZA DR
APT. #208
HOLIDAY, FL 34691

Mailing Address

4301 PLAZA DR
APT. #208
HOLIDAY, FL 34691

2. Principal Place of Business - No P.O. Box #

5608 FESTIVO DR

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

HOLIDAY FL

City & State

Zip

Country

Zip

34690

Country

PASCO



04-26-07 90182 636 \$150.00
01082007 Chg-P CR2E034 (12/06)

4. FEI Number

20-5319825

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENERALCZUK, EWA
4301 PLAZA DR
APT. #208
HOLIDAY, FL 34691

7. Name and Address of New Registered Agent

Name JENERALCZUK EWA

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

5608 FESTIVO DR.

City HOLIDAY

FL

Zip Code 34690

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.

JENERALCZUK ROBERT - REGISTERED AGENT

(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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JENERALCZUK, EWA	
STREET ADDRESS	4301 PLAZA DR, APT. #208	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JENERALCZUK, ROBERT P	
STREET ADDRESS	4301 PLAZA DR, APT. #208	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5608 FESTIVO DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5608 FESTIVO DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

JENERALCZUK ROBERT / PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #