

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90042 048 ***150.00

DOCUMENT # P06000136846

1. Entity Name
AUGUSTYNYAK & ASSOCIATES INC



Principal Place of Business Mailing Address
9073 BELCHER RD **9073 BELCHER RD**
PINELLAS PARK, FL 33782 **PINELLAS PARK, FL 33782**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40096100



01052007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

RICHARDSON, CAROL Y EA
9375 US HWY 19 N
SUITE B
PINELLAS PARK, FL 33782

7. Name and Address of New Registered Agent

Name **LAURA D. AUGUSTYNYAK**
 Street Address (P.O. Box Number is Not Acceptable)
9240 143rd Lane N.
 City **Seminole** **FL** Zip Code **33776**

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 *Laura D. Augustyniak - President* DATE 4/18/07
Signature, typed or printed name of registered agent and applicable (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUGUSTYNYAK, LAURA D 9240 143RD LANE N SEMINOLE, FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERSON, SHERRI K 9240 143RD LANE N SEMINOLE, FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Laura D. Augustyniak* **LAURA D. AUGUSTYNYAK** President DATE 4/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

727-446-1063