

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136846

FILED
Jan 24, 2008
Secretary of State

Entity Name: AUGUSTYNYIAK & ASSOCIATES INC

Current Principal Place of Business:

9073 BELCHER RD
PINELLAS PARK, FL 33782

New Principal Place of Business:

Current Mailing Address:

9073 BELCHER RD
PINELLAS PARK, FL 33782

New Mailing Address:

FEI Number: 20-5837792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUGUSTYNEAK, LAVRA D
9240 143RD LN. N.
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

PETERSON, SHERRI K
9240 143RD LN. N.
SEMINOLE, FL 33776 US

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.

SIGNATURE: SHERRI K PETERSON

01/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AUGUSTYNYIAK, LAURA D
Address: 9240 143RD LANE N
City-St-Zip: SEMINOLE, FL 33776

Title: VP () Delete
Name: PETERSON, SHERRI K
Address: 9240 143RD LANE N
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI K PETERSON

VP

01/24/2008

Electronic Signature of Signing Officer or Director

Date