

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000003187**

1. Entity Name  
**EDMUND F. BEDNAREK, INC.**



Principal Place of Business  
**1501 S.E. 15TH STREET, APT. #2-9  
FT LAUDERDALE, FL 33316 US**

Mailing Address  
**1501 S.E. 15TH STREET, APT. #2-9  
FT LAUDERDALE, FL 33316 US**



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0467377**

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

Applied For  
Not Applicable

## 6. Name and Address of Current Registered Agent

**BEDNAREK, EDMUND F  
1501 SE 15 ST 2-9  
FORT LAUDERDALE, FL 33316**

**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: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000033717  
02/05/04-80055-007 150.00**

## 10. OFFICERS AND DIRECTORS

TITLE  
**P**  
NAME  
**BEDNAREK, EDMUND F**  
STREET ADDRESS  
**1501 SE 15 ST 2-9**  
CITY-ST-ZIP  
**FORT LAUDERDALE, FL 33316**

TITLE  
**TS**  
NAME  
**BEDNAREK, DONNA K**  
STREET ADDRESS  
**1501 SE 15 ST 2-9**  
CITY-ST-ZIP  
**FORT LAUDERDALE, FL 33316**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Donna Bednarek, Secy: TREAS*  
*Donna Bednarek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/1/04*

Date

*954-8289710*

Daytime Phone #