

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000020049

1. Entity Name
POSKY INCORPORATED



FILED
Jul 09, 2008 08:00 AM
Secretary of State

Principal Place of Business -
7210 SO. HIGHWAY 301
RIVERVIEW, FL 33569

Mailing Address
7210 SO. HIGHWAY 301
RIVERVIEW, FL 33569



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3230950

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MALINOWSKI, MARIO
21119 OAK HILL DRIVE
VALRICO, FL 33594

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000953737
07/09/08-80003-019 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MALINOWSKI, MARIO
STREET ADDRESS	21119 OAK HILL DR
CITY-ST-ZIP	VALRICO, FL 33594

TITLE	D
NAME	FOTOPOULOS, WILLIAM
STREET ADDRESS	POST OFFICE BOX 1999
CITY-ST-ZIP	LAND O'LAKES, FL 34639

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario Malinowski

7/7/08

813/677/8465