

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000020049

Entity Name: POSKY INCORPORATED

FILED  
Mar 31, 2009  
Secretary of State

## Current Principal Place of Business:

7210 SO. HIGHWAY 301  
RIVERVIEW, FL 33569

## New Principal Place of Business:

## Current Mailing Address:

7210 SO. HIGHWAY 301  
RIVERVIEW, FL 33569

## New Mailing Address:

FEI Number: 59-3230950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALINOWSKI, MARIO  
21119 OAK HILL DRIVE  
VALRICO, FL 33594 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MALINOWSKI, MARIO  
Address: 21119 OAK HILL DR  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: FOTOPOULOS, WILLIAM  
Address: POST OFFICE BOX 1999  
City-St-Zip: LAND O'LAKES, FL 34639

## 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: MARIO MALINOWSKI

P

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date