## 2006 FOR PROFIT CORPORATION - ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P94000029299**

1. Entity Name

EDWARD P. DUTKIEWICZ, P.A.



FILED Jan 06, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

640 DOUGLAS AVENUE DUNEDIN, FL 34698 640 DOUGLAS AVENUE DUNEDIN, FL 34698



01042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3215898

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLITZ, MICHAEL J JR 217 HARBOR VIEW LANE LARGO, FL 33770

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ptions of registered agent.	urpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE, Registered				t Agent signature required when reinstating) OATE		
		Election Campaign Finan     Trust Fund Contribution.	oing 🔲	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUTKIEWICZ, EDWARD P 4205 KENT DRIVE LARGO, FL 33774				U00000378476 01/09/06-80008-002 150.00	
TITLE HAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

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 embowered 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 embowered.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR MAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 4, 2006

727 734-2855

Daytime Phone #