

2004 FOR PROFIT CORPORATION ANNUAL REPORT

10fz

DOCUMENT # P95000048179

1. Entity Name
KARPUSKA, INC.



FILED

04 OCT 21 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**802 N DIXIE HWY
BOCA RATON, FL 33432**

Mailing Address
**802 N DIXIE HWY
BOCA RATON, FL 33432**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



4. FEI Number
65-0589574

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KARPUSKA, RAYMOND 802 N DIXIE HWY BOCA RATON, FL 33432		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARPUSKA, RAYMOND E 802 N DIXIE HWY BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600042064176 10/21/04--01033--005 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Raymond E. Karpuska* **PRESIDENT OWNER**
RAYMOND E. KARPUSKA 10-17-04 561-395-7992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TO: DIVISION OF CORPORATIONS

2 of 2

KARPUSKA, INC.

RAYMOND E. KARPUSKA

P.O. BOX 4015

TEL: 561-395-7992

BOCA RATON FL.

33429-4015

AS PER OUR CONVERSATION OF NOT

RECEIVING RENEWAL NOTICE

PLEASE REINSTATE - THANKS FOR

YOUR ATTENTION

Raymond E. Karpuska