


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90074 030 ***150.00

DOCUMENT # P96000018443					
1. Entity Name GUTOWSKI AND SARANKO, INC.					
Principal Place of Business 507 W ALEXANDER ST PLANT CITY, FL 33566			Mailing Address 507 W ALEXANDER ST PLANT CITY, FL 33566		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip 33563		Country		Zip 33563	
Country		4. FEI Number 65-0650236			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SARANKO, A. JOHN 507 W ALEXANDER ST PLANT CITY, FL 33566				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARANKO, A. JOHN 507 W ALEXANDER ST PLANT CITY, FL 33566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33563	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUTOWSKI, GREGG W 507 W ALEXANDER ST PLANT CITY, FL 33566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33563	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O BASKIN, ROBERT N 507 W ALEXANDER ST PLANT CITY, FL 33566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33563	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O FORD, MARK 507 W ALEXANDER ST PLANT CITY, FL 33566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33563	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RORTE, BRIAN J MV 507 W. ALEXANDER CT PLANT CITY, FL 33563	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D RORTE, BRIAN J.	
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 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: <u><i>[Signature]</i></u> <u><i>Bregg W. Gutowski</i></u> <u><i>4-30-06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04282006 Chg-P CR2E034 (11/05)

813-754-3504