



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P96000034445 1. Entity Name THOMAS J. KASICA, C.P.A., P.A. |  |
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|---|---|
| Principal Place of Business 2210 FRONT STREET #301 MELBOURNE, FL 32901 US | Mailing Address 2210 FRONT STREET #301 MELBOURNE, FL 32901 US |
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01042007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-3376685 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KASICA, THOMAS J
2210 FRONT STREET #301
MELBOURNE, FL 32901

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KASICA, THOMAS J 2210 FRONT STREET #301 MELBOURNE, FL 32901 |
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04/27/07-80025-012 150.00

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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: Thomas J. Kasica **Thomas J. KASICA, Pres** 4/14/07 321-722-9870

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