

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000041806

1. Entity Name
JAMES J. ANKIEWICZ C.P.A., P.A.



Principal Place of Business
**1214 N. RIVERHILLS DRIVE
TEMPLE TERRACE, FL 33617 US**

Mailing Address
**1214 N. RIVERHILLS DRIVE
TEMPLE TERRACE, FL 33617 US**



DO NOT WRITE IN THIS SPACE

03212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3402665

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANKIEWICZ, JAMES J
1214 N RIVERHILLS DRIVE
TEMPLE TERRACE, FL 33617**

**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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
ANKIEWICZ, JAMES J
1214 N RIVERHILLS DRIVE
TEMPLE TERRACE, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
ANKIEWICZ, TONDA M
1214 N. RIVERHILLS DRIVE
TEMPLE TERRACE, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: JAMES J. ANKIEWICZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06
Date

813-989-3389
Daytime Phone #