

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90057 006 \*\*\*150.00

40020493



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0684682

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

KUJAWSKI, CHARLES  
1700 A STEADLEY AVENUE  
PUNTA GORDA, FL 33950

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	KUJAWSKI, CHARLES
STREET ADDRESS	1700 A STEADLEY AVENUE
CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	P
NAME	KUJAWSKI, DARLA J
STREET ADDRESS	1700 A STEADLEY AVENUE
CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	S
NAME	KUJAWSKI, II, CHARLES P
STREET ADDRESS	1700 A STEADLY AVENUE
CITY-ST-ZIP	PUNTA GORDA, FL
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 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:**

*Darla Kujawski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05

Date

941-505-1900

Daytime Phone #