


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000080771**  
 1. Entity Name  
**CHARLES C. KRAWCZYK, P.A.**



Principal Place of Business  
 2380 N RIVERSIDE DR  
 MELBOURNE, FL 32903

Mailing Address  
 2380 N RIVERSIDE DR  
 MELBOURNE, FL 32903

**DO NOT WRITE IN THIS SPACE**



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3405346</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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

CAPITAL CONNECTION, INC.  
 417 E. VIRGINIA ST.  
 STE. 1  
 TALLAHASSEE, FL 32301-1283

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

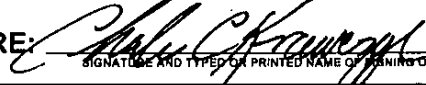
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 04/24/07-80078-024 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAWCZYK, CHARLES C 2380 N RIVERSIDE DR MELBOURNE, FL 32903
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**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:  **4/10/07** **321-773-3819**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #