

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90035 047 ***150.00

DOCUMENT # P96000095177

1. Entity Name
RONALD H. WISNESKI, P.A.



Principal Place of Business
1001 NORTH U.S. HIGHWAY ONE, SUITE 600
JUPITER, FL 33477

Mailing Address
1001 NORTH U.S. HIGHWAY ONE, SUITE 600
JUPITER, FL 33477

400000410



2. Principal Place of Business - No P.O. Box #
810 SATURN STREET

3. Mailing Address
810 SATURN STREET

Suite, Apt. #, etc.
STE 30

Suite, Apt. #, etc.
STE 30

01292007 Chg-P CR2E034 (12/06)

City & State
JUPITER FL

City & State
JUPITER FL

4. FEI Number
65-0711917

Applied For
Not Applicable

Zip
33477

Country
PALM BEACH

Zip
33477

Country
PALM BEACH

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

6. Name and Address of Current Registered Agent

WISNESKI, RONALD H
1001 NORTH U.S. HIGHWAY ONE, SUITE 600
JUPITER, FL 33477

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
810 SATURN STREET
STE 30
City JUPITER FL Zip Code 33477

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)

1/29/07
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WISNESKI, RONALD H
STREET ADDRESS 18586 LAKESIDE GARDENS DRIVE
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WISNESKI, JONICA L
STREET ADDRESS 18586 LAKESIDE GARDENS DRIVE
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07
Date

561 746 2400
Daytime Phone #