

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90339 047 ***150.00

DOCUMENT # P97000001935 1. Entity Name HURT & MALUCH INC.					
Principal Place of Business 4378 PARK BLVD. PINELLAS PARK, FL 33781			Mailing Address 4378 PARK BLVD. PINELLAS PARK, FL 33781		
2. Principal Place of Business 5794 Timber Lake Dr Suite, Apt. #, etc.		3. Mailing Address 5794 Timber Lake Dr Suite, Apt. #, etc.			
City & State Sarasota, Florida Zip 34243-3025		City & State Sarasota, Florida Zip 34243-3025		4. FEI Number 59-3422628 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<div style="display: flex; justify-content: space-between;"> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent </div>					
GAJOWCZYK, PAWEL 968 SUNRIDGE DR SARASOTA, FL 34234			Name GAJOWCZYK, Pawel Street Address (P.O. Box Number is Not Acceptable) 5794 Timber Lake Drive City Sarasota FL Zip Code 34243-3025		
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 <u>Pawel Gajowczyk</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <u>03/23/2004</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME GAJOWCZYK, PAWEL STREET ADDRESS 968 SUNRIDGE DR CITY-ST-ZIP SARASOTA, FL 34234	<input type="checkbox"/> Delete		TITLE P NAME Gajowczyk, Pawel STREET ADDRESS 5794 Timber Lake Drive CITY-ST-ZIP Sarasota, FL 34243-3025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE S/T NAME Gajowczyk, Barbara STREET ADDRESS 5794 Timber Lake Drive CITY-ST-ZIP Sarasota, FL 34243-3025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>P. Gajowczyk</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Pawel Gajowczyk, President 03/23/2004 <small>Date</small>		
(941) 270-0473 <small>Daytime Phone #</small>					