2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90180 018 ***150.00

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04242005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000001935

1. Entity Name
HURT & MALUCH INC.

Principal Place of Business	Mailing Address
5794 TIMBER LAKE DR SARASOTA, FL 34243	5794 TIMBER LAKE DR SARASOTA, FL 34243

2. Principal Place of Business	3. Mailing Address
4802-51 ST STREET WEST	4802-51 ST STREET WEST
Suite, Apt. #, etc. Apt # 1702	Suite, Apt. #, etc. Apt # 1702
City & State BRADENTON FLORIDA	City & State BRADENTON FLORIDA
Zip 34210 Country USA	Zip 34210 Country USA

4. FEI Number 59-3422628 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAJOWCZYK, PAWEL 5794 TIMBER LAKE DR SARASOTA, FL 34243	Name GAJOWCZYK, PAWEL Street Address (P.O. Box Number is Not Acceptable) 4802-51 ST STREET WEST, APT # 1702 City BRADENTON FL Zip Code 34210

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 GAJOWCZYK, PAWEL 04/23/2005
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	GAJOWCZYK, PAWEL	NAME	GAJOWCZYK, PAWEL
STREET ADDRESS	5794 TIMBER LAKE DR	STREET ADDRESS	4802-51 ST STREET WEST, APT # 1702
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	ST ☐ Delete	TITLE	ST ☒ Change ☐ Addition
NAME	GAJOWCZYK, BARBARA	NAME	GAJOWCZYK, BARBARA
STREET ADDRESS	5794 TIMBER LAKE DR	STREET ADDRESS	4802-51 ST STREET WEST, APT # 1702
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: GAJOWCZYK, PAWEL 04/23/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #