2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# P97000026932

Entity Name: WLEKLIK HOME SERVICE INC.

Current Principal Place of Business:

1403 OLEANDER DR
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1403 OLEANDER DR
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3432749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WLEKLIK, ZOZISLAWA
1403 OLEANDER DR
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

WLEKLIK, ZDZISLAWA
1403 OLEANDER DR
TARPON SPRINGS, FL 34689 US

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.

SIGNATURE: ZDZISLAWA WLEKLIK 01/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WLEKLIK, ZDZISLAWA
Address: 1403 OLEANDER DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete
Name: WLEKLIK, ZBIGNIEW
Address: 1403 OLEANDER DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S (X) Delete
Name: WLEKLIK, REMIGIUSZ
Address: 1403 OLEANDER DR
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WLEKLIK, ZDZISLAWA
Address: 1403 OLEANDER DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP (X) Change ( ) Addition
Name: WLEKLIK, ZBIGNIEW
Address: 1403 OLEANDER DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZDZISLAWA WLEKLIK P 01/08/2009
Electronic Signature of Signing Officer or Director Date