

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P97000039290

1. Entity Name
POBIAK PAINTING, INC.



Principal Place of Business
932 DOGWOOD RD.
NORTH PALM BEACH, FL 33408

Mailing Address
932 DOGWOOD RD.
NORTH PALM BEACH, FL 33408



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0753201

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POBIAK, ROBERT M
932 DOGWOOD RD.
NORTH PALM BEACH, FL 33408

**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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000887404
04/21/08-80019-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POBIAK, ROBERT M
STREET ADDRESS	932 DOGWOOD ROAD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	POBIAK, JOSEPH E
STREET ADDRESS	932 DOGWOOD RD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	TATRN, CHARLES
STREET ADDRESS	10148 IRON WOOD RD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Robert M. Pobiak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08

Date

561-371-8675

Daytime Phone #