## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000045761

Entity Name: JAMES F. KOZLOWSKI, P.A.

FILED Jul 01, 2008 Secretary of State

| -   |   | ,  |   |   |  |
|---|---|--|---|---|--|
| Current Principal Place of Business:          |   |  | New Principal Place o                         | New Principal Place of Business:                |  |
|   | LACE ROAD<br>), FL 32819                          | US   |   |   |  |
| Current Mailing Address:                      |   |  | New Mailing Address:                          | New Mailing Address:                            |  |
| PO BOX 69<br>ORLANDO                          | 91358<br>), FL 32869                              | US   |   | 11251 LEDGEMENT LANE<br>WINDERMERE, FL 34786 US |  |
| FEI Number:                                   | 59-3452656  | FEI Number Applied For ( )   | FEI Number Not Applicable ( )                 | Certificate of Status Desired ( )               |  |
| Name and Address of Current Registered Agent: |   |  | Name and Address of                           | Name and Address of New Registered Agent:       |  |
| 11251 LEC                                     | SKI, JAMES F<br>OGEMENT LAI<br>1ERE, FL 347       |  |   |   |  |
|   | named entity<br>e of Florida.                     | submits this statement for the   | purpose of changing its registered            | office or registered agent, or both,            |  |
| SIGNATUR                                      | RE:   |  |   |   |  |
| Electronic Signature of Registered Agent      |   |  | gent  | Date  |  |
|   |   | 3(2)(b), F.S., the corporation did r<br>g Trust Fund Contribution ( ). | not receive the prior notice.                 |   |  |
| OFFICERS AND DIRECTORS:                       |   |  | ADDITIONS/CHANGES                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | ,   |  | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ) Change ()Addition                             |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | V/S (<br>KOZLOWSKI,<br>PO BOX 6913<br>ORLANDO, FL | 58   | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ) Change ()Addition                             |  |

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: JAMES F KOZLOWSKI **PRES** 07/01/2008