

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90136 039 ***150.00

DOCUMENT # P98000000125

1. Entity Name
OKONSKI INC.



Principal Place of Business
**3975 JOG RD
GREENACRES CITY, FL 33467**

Mailing Address
**441 S RIDGEWOOD AVE
DAYTONA BEACH, FL 32114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0802850

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KIDD, SUSAN
441 S RIDGEWOOD AVE
DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete
**D
OKONSKI, MIRTA I
2016 S FEDERAL HWY #407 E
BOYNTON BEACH, FL 33435**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

Seabreeze Bookkeeping & Tax Service, LLC

441 South Ridgewood Avenue

Daytona Beach, FL 32114

Telephone: (386)-258-5880

40543812
#198000000125

ANNUAL REPORT/W-3 TRANSMITTAL

☒ Please review the annual report enclosed, make any changes necessary, enclose check made payable to Florida Department of State in the amount of \$ 150.00, sign and mail report to:

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

_____ Sign W-3 form and mail to:

Social Security Administration
Data Operations Center
Wilkes-Barre, PA 19769-0001