

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000003040

1. Entity Name
J. MALINOWSKI, INC.



Principal Place of Business
551 N. RIDGEWOOD DR.
SEBRING, FL 33870

Mailing Address
551 N. RIDGEWOOD DR.
SEBRING, FL 33870

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90032 038 ***150.00



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0807214

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALINOWSKI, JANET M
551 N. RIDGEWOOD DR.
SEBRING, FL 33870

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MALINOWSKI, JANET M
STREET ADDRESS	551 N. RIDGEWOOD DR.
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Janet Malinowski*
J. MALINOWSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04
Date

863-471-2250
Daytime Phone #