

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90043 028 ***155.00

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1. Entity Name

U & K LAGOON, INC.

Principal Place of Business

295 MONTEGO BAY CT.
MERRITT ISLAND FL 32953

Mailing Address

295 MONTEGO BAY CT.
MERRITT ISLAND FL 32953



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

59-3553367

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KACZMARCZYK, WIESLAW
295 MONTEGO BAY CT.
MERRITT ISLAND FL 32953

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME KACZMARCZYK, WIESLAW
STREET ADDRESS 295 MONTEGO BAY CT.
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☒ Change ☐ Addition
NAME KACZMARCZYK, URSZULA
STREET ADDRESS 409 BANANA RIVER CT.
CITY-ST-ZIP COCOA BEACH FL 32932

TITLE D ☒ Delete
NAME KACZMARCZYK, URSZULA
STREET ADDRESS 409 BANANA RIVER BLVD.
CITY-ST-ZIP COCOA BEACH FL 32932

TITLE ☐ Change ☐ Addition
NAME PERSON IS INCORPORATED
STREET ADDRESS UNDER ADDRESS:
CITY-ST-ZIP 295 MONTEGO BAY CT.
MERRITT ISLAND FL 32953

TITLE P ☐ Delete
NAME KACZMARCZYK, URSZULA
STREET ADDRESS 295 MONTEGO BAY CT.
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

(Signature) /WIESLAW KACZMARCZYK/

04/04/05 1-321-508-1983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #