

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053362

Entity Name: BRIAN JOHANCSIK, INC.

FILED
Jan 24, 2009
Secretary of State

Current Principal Place of Business:

2040 ALTA MEADOWS LANE #1608
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

2040 ALTA MEADOWS LANE
#1608
DELRAY BEACH, FL 33444 US

Current Mailing Address:

2040 ALTA MEADOWS LANE #1608
DELRAY BEACH, FL 33444 US

New Mailing Address:

2040 ALTA MEADOWS LANE
#1608
DELRAY BEACH, FL 33444 US

FEI Number: 65-0856736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHANCSIK, BRIAN
2040 ALTA MEADOWS LANE #1608
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

JOHANCSIK, BRIAN PRESIDE
2040 ALTA MEADOWS LANE
#1608
DELRAY BEACH, FL 33444 US

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.

SIGNATURE: BRIAN JOHANCSIK

01/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHANCSIK, BRIAN
Address: 2040 ALTA MEADOWS LANE #1608
City-St-Zip: DELRAY BEACH, FL 33444 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRIAN JOHANCSIK

PRES

01/24/2009

Electronic Signature of Signing Officer or Director

Date