

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000059806

1. Entity Name  
234, INC.



Principal Place of Business  
5308 CENTRAL AVE.  
ST. PETERSBURG, FL 33707

Mailing Address  
5308 CENTRAL AVE.  
ST. PETERSBURG, FL 33707

**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3521596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HAJEK, MICHAEL W III  
5308 CENTRAL AVE.  
ST. PETERSBURG, FL 33707

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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 restate.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	HAJEK, MICHAEL W SR
STREET ADDRESS	P O BOX 49029
CITY-ST-ZIP	ST PETERSBURG, FL 33743
TITLE	VP
NAME	HAJEK, RUSTY
STREET ADDRESS	P O BOX 49029
CITY-ST-ZIP	ST PETERSBURG, FL 33743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000192169  
01/25/05-80007-012 150.00

**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)(f), 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: Michael W Hajeck President 1-19-05 727-327-1239  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #