

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000078418



1. Entity Name

RAYMOND A. SLESZYNSKI, P.A.

FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

601 CRYSTAL GROVE BLVD
LUTZ FL 33549

Mailing Address

601 CRYSTAL GROVE BLVD
LUTZ FL 33549



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3531699

Applied For
Not Applicable

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

SLESZYNSKI, RAYMOND A
601 CRYSTAL GROVE BLVD
LUTZ FL 33549

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 certifying)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
SLESZYNSKI, RAYMOND A
601 CRYSTAL GROVE BLVD
LUTZ FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PVT
SLESZYNSKI, RAMONO A
601 CRYSTAL GROVE BLVD.
LUTZ FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U000000594714
01/23/07-80011-003 150.00

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

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TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

I am supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information in this 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; that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report, with all other like empowered.

[Signature] 812 948-2862