

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90072 010 \*\*\*150.00

**DOCUMENT # P99000022327**

1. Entity Name  
**CHOICE REALTY SERVICES OF CHARLOTTE COUNTY,  
INC.**



Principal Place of Business  
**2886 TAMiami TR., STE. 6  
PORT CHARLOTTE, FL 33952**

Mailing Address  
**2886 TAMiami TR., STE. 6  
PORT CHARLOTTE, FL 33952**

*New Location*  
**22226 Westchester Boulevard  
Port Charlotte, FL 33952**

*New Address*  
**22226 Westchester Boulevard  
Port Charlotte, FL 33952**

40024567



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0904241**

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**

**GUNDERSON, MIKO P  
C/O BATSEL, MCKINLEY, ITTERSAGEN, P.A.  
1861 PLACIDA RD., STE. 204  
ENGLEWOOD, FL 34223**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VS
NAME	KNIGHT, DIANE M
STREET ADDRESS	355 SPRING LAKE BOULEVARD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	PC
NAME	KIJAK, FREDERICK J
STREET ADDRESS	3229 JESSICA TERR
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SECT/TA.
NAME	PAULA M KIJAK
STREET ADDRESS	3229 JESSICA TERR
CITY-ST-ZIP	Port Charlotte FL 33948
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 exemptions contained 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 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 empowerment.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Frederick J Kijak*  
2-15-2007 941-613-2300  
Date Daytime Phone #