

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90099 001 ***300.00

DOCUMENT # P99000092858

1. Entity Name
DEMIDUK'S FINANCIAL SERVICES, INC.



Principal Place of Business
**1351 HEATHER RIDGE BLVD
STE A
DUNEDIN, FL 34698**

Mailing Address
**1351 HEATHER RIDGE BLVD
STE A
DUNEDIN, FL 34698**

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

3. Mailing Address

P.O. BOX 14003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLEARWATER

Zip

Country

Zip

Country

33764 FLORIDA

01202008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3605685

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

**DEMIDUK, SUSAN
2742 SAND HOLLOW COURT
CLEARWATER, FL 33761**

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 re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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 ☐ Delete
NAME **D**
STREET ADDRESS **DEMIDUK, PETER D**
CITY-ST-ZIP **P.O. BOX 14003
CLEARWATER, FL 33766**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-08 7272345611