

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90179 046 ***150.00

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1. Entity Name
 ATTORNEY AT LAW ANDREW WIECZORKOWSKI P.A.



Principal Place of Business
 2474 SUNSET PT RD.
 CLEARWATER, FL 33765

Mailing Address
 2474 SUNSET PT RD.
~~SUITE 403~~
 CLEARWATER, FL 33765

40062340



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3655381 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

WIECZORKOWSKI, ANDREW
 2474 SUNSET POINT RD.
 CLEARWATER, FL 33765

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:

[Handwritten Signature]

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04-17-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	PTS WIECZORKOWSKI, ANDREW 2474 SUNSET POINT ROAD CLEARWATER, FL 33765
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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 empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-06

Date

727-726-1200

Daytime Phone #