2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 A Secretary of State

ANNUAL REPORT					Apr 21, 2000 00.		
DOCU	MENT # P990000961				Secretary	01 8	
ATTORNEY AT LAW ANDREW WIECZORKOWSKI P.A.							
Principal Plac	e of Business	Mailing Address					
2474 SUNSE		2474 SUNSET PT RD.					
CLEARWATER	R, FL 33765	CLEARWATER, FL 33765					
DO NOT WRITE IN THIS SPA				04172008	No Chg-P	CR2E034 (11/05)	
			CE				
	O NOT WINITE		OL.	4. FEI Numb			plied For t Applicable
					•	\$9.75 Add	
				5. Certificate	e of Status Desired	Fee Required	
	6. Name and Address of Current Re	gistered Agent	_				
	KOWSKI, ANDREW		DΩ	NOT W	RITE		
	SET POINT RD. ATER, FL 33765						
CLEARVY	NER, FL 33705			IN '	this sf	PACE	
8. The above	named entity submits this statement for the	e purpose of changing its register	red office or register	red agent, or bo	oth, in the State of Flo	orida I am familiar with,	and accep
	tions of registered agent	11/0/16					ŕ
SIGNATURE / //					4/17	/08	
	Signature, typed or printegal ame of egistered agent and	itter applicable (NOTE Register	ed Agent signature required	1 when reinstating)	T	DATE	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina		. 00 May Be			
	ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.	. 🔲 Add	ed to Fees			
10.	OFFICERS AND DIF	RECTORS			.1		
TITLE	PTS				Hasani	1912945	
NAME STREET ADDRESS	WIECZORKOWSKI, ANDREW 2474 SUNSET POINT ROAD				05/07/08	0912345 -80067-015 19	0.00
CITY-ST-ZIP	CLEARWATER, FL 33765						
TITLE							
NAME							
STHEET ADDRESS CITY-ST-ZIP		•					
TITLE			-[
NAME							
STREET ADDRESS				DO	NOT W	DITE	
CITY-ST-ZIP				DO	MOI W	KIIL	
TITLE				IN '	THIS SF	PACE	
NAME STREET ADDRESS					-	. = .	÷
CITY-SI-ZIP					•		
TITLE			1				
NAME							
STREET ADDRESS							
CITY - ST - ZIP	i		ī				

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions centained 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 paperer 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:

THILE

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TOPEN ON PHINTED NAME OF SIGNING OFFICER OR DIRECTO

4/17/08

Date

727-726-1200

Daytime Phone #