## -2007-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT # \$28028 1. Entity Name 04-30-2007 90390 018 \*\*\*150.00 PAVELCHAK MASONRY, INC. Principal Place of Business Mailing Address 417 PRAIRIE LAKE DR FERN PARK FL 32730 417 PRAIRIE LAKE DR FERN PARK FL 32730 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 417PRAIRIEL 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3057018 F-CPN Not Applicable Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired 3.<u>9-1.30</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PAVELCHAK, DAVID K 417 PRAIRIE LAKE DR. Street Address (P.O. Box Number is Not Acceptable) FERN PARK FL 32730 City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 11111 ☐ Defete 11111 Change [ Addition PAVELCHAK, MICHAEL NAMI NAM 417 PRAIRIE LAKE DR. STREEL ADDRESS STREET ADDRESS FERN PARK FL 32703 CHY SI 7IP CHY ST ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition PAVELCHAK, DAVID K. NAM NAM 417 PRAIRIE LAKE DR. STRUCT ADDRESS STREET ADDRESS FERN PARK FL CHY-SI-7IP CITY ST ZIP Delete TITLE 1001 ☐ Change Addition | PAVELCHAK, DOROTHY NAME NAM STREET ADORESS 417 PRAIRIE LAKE DR. STREET ADDRESS FERN PARK FL 32730 CITY ST 7IF CITY ST ZIE 1000 ☐ Delete HIII Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY SI-ZIP CITY ST ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST 7IP uni ☐ Delete HILL ☐ Change Addition STREET ADDRESS STREET ADORESS CHY-SI-ZIP CHY-ST 7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

PAURICALL 4120/07

**FILED**