

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90009 045 ***150.00

DOCUMENT # S28028

1. Entity Name

PAVELCHAK MASONRY, INC.

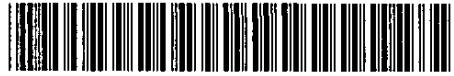


Principal Place of Business

417 PRAIRIE LAKE DR
FERN PARK FL 32730

Mailing Address

417 PRAIRIE LAKE DR
FERN PARK FL 32730



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

1406 Forest Hills Rd

3. Mailing Address

1406 Forest Hills Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Winter Springs, Fla

City & State

Winter Springs Fla

4. FEI Number

59-3057018

Applied For

Not Applicable

Zip

32708

Country

Soninde

Zip

32708

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAVELCHAK, DAVID K
417 PRAIRIE LAKE DR.
FERN PARK FL 32730

7. Name and Address of New Registered Agent

Name

PAVELCHAK DAVID K.

Street Address (P.O. Box Number is Not Acceptable)

1406 Forest Hills Rd.

City

Winter Springs

FL

Zip Code

32708

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

D. K. Pavelchak

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when constituting)

2/6/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	PAVELCHAK, MICHAEL	
STREET ADDRESS	417 PRAIRIE LAKE DR.	
CITY-ST-ZIP	FERN PARK FL 32703	
TITLE	P	<input type="checkbox"/> Delete
NAME	PAVELCHAK, DAVID K.	
STREET ADDRESS	417 PRAIRIE LAKE DR.	
CITY-ST-ZIP	FERN PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVELCHAK, MICHAEL	
STREET ADDRESS	236 PANORAMA RD.	
CITY-ST-ZIP	Winter Springs Fla 32708	
TITLE	PAVELCHAK, DAVID K.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVELCHAK, DAVID K.	
STREET ADDRESS	1406 Forest Hills Rd	
CITY-ST-ZIP	Winter Springs Fla 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

D. K. Pavelchak DAVID K PAVELCHAK

2/6/08

(407) 687-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #