

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90102 023 ***150.00

DOCUMENT # S82162

1. Entity Name
BETTY ROCHNOWSKI EA. INC.



Principal Place of Business Mailing Address

~~40 VIRGINIA COURT~~ **40 VIRGINIA COURT**
ENGLEWOOD, FL 34223 **ENGLEWOOD, FL 34223**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

30 VIRGINIA CT **30 VIRGINIA CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

ENGLEWOOD FL **ENGLEWOOD FL**

Zip Country Zip Country

34223 **SARASOTA** **34223** **SARASOTA**



6. Name and Address of Current Registered Agent

ROCHNOWSKI, BETTY
40 VIRGINIA COURT
ENGLEWOOD, FL 34223

4. FEI Number Applied For

65-0282360 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name: **BETTY ROCHNOWSKI**
 Street Address (P.O. Box Number is Not Acceptable): **30 VIRGINIA CT**
 City: **ENGLEWOOD** FL Zip Code: **34223**

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROCHNOWSKI, BETTY	
STREET ADDRESS	40 VIRGINIA COURT	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WYANDT, VALERIE	
STREET ADDRESS	4409 RIVERWOOD AVE.	
CITY-ST-ZIP	SARASOTA, FL 34231	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY ROCHNOWSKI	
STREET ADDRESS	30 VIRGINIA COURT	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALERIE MURRO	
STREET ADDRESS	1198 OREGON LANE	
CITY-ST-ZIP	N-PORT FLORIDA 34286	
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 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: Betty Rochnowski 4-1-08 941-474-9099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #