


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 40 VIRGINIA COURT ENGLEWOOD, FL 34223			Mailing Address 40 VIRGINIA COURT ENGLEWOOD, FL 34223		
2. Principal Place of Business - No P.O. Box # 30 VIRGINIA CT Suite, Apt. #, etc.		3. Mailing Address 30 VIRGINIA CT Suite, Apt. #, etc.			
City & State ENGLEWOOD FL		City & State ENGLEWOOD FL		4. FEI Number 65-0282360	
Zip 34223		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROCHNOWSKI, BETTY 40 VIRGINIA COURT ENGLEWOOD, FL 34223				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHNOWSKI, BETTY 40 VIRGINIA COURT ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BETTY ROCHNOWSKI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 VIRGINIA COURT ENGLEWOOD FL 34223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYANDT, VALERIE 4409 RIVERWOOD AVE. SARASOTA, FL 34231		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VALERIE MURDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1198 OREGON LANE N-PORT FLORIDA 34286	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Betty Rochnowski</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-11-08 941-474-9099 Date Daytime Phone #		