


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F07000002387**

1. Entity Name  
**THEODORE J. CHMIELEWSKI, INC.**



Principal Place of Business  
**240 N. JAMES STREET STE B1A  
 NEWPORT, DE 19804**

Mailing Address  
**240 N. JAMES STREET STE B1A  
 NEWPORT, DE 19804**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**51-0331927**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AGENTS AND CORPORATIONS, INC.  
 300 FIFTH AVE SOUTH STE 101-330  
 NAPLES, FL 34102**

**DO NOT WRITE IN THIS SPACE**

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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHMIELEWSKI, THEODORE J 240 N. JAMES STREET STE B1A NEWPORT, DE 19804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSON, DALE C 411 RADCLIFFE DR NEWARK, DE 19711
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 02/11/08-80008-007 150.00

**DO NOT WRITE IN THIS SPACE**

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 filers empowered.

SIGNATURE: *Leandra Simulsky* **1/30/08** **302 994 4530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #