2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90465 006 ***150.00

DOCUMENT # P01000017347

1. Entity Name
KATINA PERENTESIS, INC.

54041395

04192004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
105 TIMBERLACHEN CIRCLE #111 LAKE MARY, FL 32746	~~2727 SNOW GOOSE LANE~~ ~~LAKE MARY, FL 32746~~ 181 Bristol Forest Trail Sanford, Fl 32771
2. Principal Place of Business: 181 Bristol Forest Trail	3. Mailing Address: 181 Bristol Forest Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford FL	City & State: Sanford FL
Zip: 32771 Country: USA	Zip: 32771 Country: USA

4. FEI Number: 59-3704903 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERENTESIS, KATINA
2727 SNOW GOOSE LANE
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 181 Bristol Forest Trail
City: Sanford **FL** Zip Code: 32771

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 PERENTESIS, KATINA 2727 SNOW GOOSE LANE LAKE MARY, FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 181 Bristol Forest Trail Sanford FL 32771
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Katina Perentesis 4/23/04 (407)687-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #