

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000084158 1. Entity Name IASONAS ENTERPRISES, INC.					
Principal Place of Business 616 OAKPOINT CIRCLE DAVENPORT FL 33837			Mailing Address 616 OAKPOINT CIRCLE DAVENPORT FL 33837		
2. Principal Place of Business SAME AS ABOVE Suite, Apt #, etc.		3. Mailing Address SAME AS ABOVE Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 54-2077437			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CONSTANTINOU, MARIOS I 616 OAKPOINT CIRCLE DAVENPORT FL 33837			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONSTANTINOU, MARIOS I 616 OAKPOINT CIRCLE DAVENPORT FL 33837 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition UN00000067940 02/27/04-80019-024 150.00	
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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: <u>Marios Constantinou</u> MARIOS CONSTANTINOU 02-24-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					