


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000027815**  
 1. Entry Name  
 JOHN A. MAKRIS, CPA, PA.



Principal Place of Business: 1903 S. CONGRESS AVE., SUITE 350, BOYNTON BEACH, FL 33426  
 Mailing Address: 1903 S. CONGRESS AVE., SUITE 350, BOYNTON BEACH, FL 33426

**DO NOT WRITE IN THIS SPACE**



03262005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0915791 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MAKRIS, JOHN A  
 1903 S. CONGRESS AVE.  
 SUITE 350  
 BOYNTON BEACH, FL 33426

**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 remaining) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAKRIS, JOHN A
STREET ADDRESS	20867 CIRPRES WAY
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000324425  
 04/22/05-80093-012 150.00

**DO NOT WRITE IN THIS SPACE**

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: John A. Makris Date: 4/20/05 Daytime Phone #: 901 572 20012