

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000038798 1. Entity Name 4227 INC.	
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Principal Place of Business 4227 WILLIAMS RD TAMPA, FL 33610	Mailing Address 7345 SAND LAKE ROAD # 412 ORLANDO, FL 32819
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01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3710944	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

QANNAS, JAMAL
4227 WILLIAMS ROAD
TAMPA, FL 33610

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

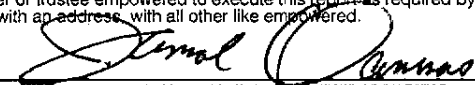
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QANNAS, JAMAL 4227 WILLIAMS ROAD TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAUF, AFTAB 9501 N. CONNECHUSETT RD. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/21/05-80014-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/05 813-621-5049