


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

| | |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P97000078021 1. Entity Name 889 BUILDING CORP. |  |
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|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business 889 N WASHINGTON BLVD SARASOTA, FL 34236 | Mailing Address 889 N WASHINGTON BLVD SARASOTA, FL 34236 |
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01102007 No Chg-P CR2E034 (11/05)

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| | |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 65-0787077 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

AVRUTIS, THOMAS L
889 N WASHINGTON BLVD
SARASOTA, FL 34236

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, 2007 Fee will be \$550.00

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

U00000609569
02/01/07-80056-004 150.00

| 10. OFFICERS AND DIRECTORS | |
|----------------------------------------------------|----------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT AVRUTIS, THOMAS L 1210 CORNISH COURT SARASOTA, FL 34232 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS AVRUTIS, ANN M 1210 CORNISH CT SARASOTA, FL 34232 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 like empowered.

SIGNATURE: _____ **01/10/07** **941/955-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #