

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90053 016 ***150.00

60008661



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0817623	Applied For Not Applicable
------------------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STAMAS, JOHN P
300 PAMPAS AVE
TARPON SPRINGS, FL 34689

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STAMAS, JOHN P
STREET ADDRESS	752 CHESAPEAKE DR
CITY - ST - ZIP	TARPON SPRINGS, FL 34689

TITLE	S
NAME	STAMAS, GEORGE P
STREET ADDRESS	979 BAYSHORE DR
CITY - ST - ZIP	TARPON SPRINGS, FL 34689

TITLE	T
NAME	STAMAS, WILLIAM P
STREET ADDRESS	740 CHESAPEAKE DR
CITY - ST - ZIP	TARPON SPRINGS, FL 34689

TITLE	D
NAME	Stamas, Anna E.
STREET ADDRESS	231 Windward Island
CITY - ST - ZIP	Clearwater, FL 33767

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: _____

John P. Stamas

1/19/06

727-937-4118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #