2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT #602763** 07-24-2006 90005 005 ***550.00 1. Entity Name STEVE POULOS, P.A. Principal Place of Business Mailing Address 1124 COMPASS ROW 250 SR 207 40000046 ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07172006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-1318898 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POULOS, STEVE Street Address (P.O. Box Number is Not Acceptable) 25 OAK RD. ST. AUGUSTINE, FL 32080 City Zip Code FL 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) 9. Election Campaign Financing FILE NOWIII FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PB OR TITLE ☐ Delete TITLE ☐ Change Addition POULOS, STEVE NAME NAME STREET ADDRESS .25 OAK RD. STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE, FL 32080 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify to the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental port 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 an ownered 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 a SIGNATURE: ED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone 4

FILED

Jul 24, 2006 8:00 am

ATTACHMENT



Division of Corporations

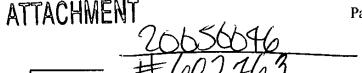
20504

Annual Report

Document Number
602763
Business Entity Name
STEVE POULOS, P.A.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

| FEI Number | 591318898 |
|---|---|
| FEI Number Status | € Listed Above ← Applied For ← Not Applicable |
| Certificate of Status Desired | C Yes © No \$8.75 each |
| Election Campaign Financing Trust Fund Cont | |
| Princip | al Place of Business |
| | R 207 |
| Suite, Apt. #, etc. | |
| City, State ST. A | UGUSTINE , FL |
| Zip Code & Country 3208 | |
| M | niling Address |
| Address 1124 | COMPASS ROW |
| Suite, Apt. #, etc. | |
| City, State ST. A | UGUSTINE , FL |
| Zip Code & Country 3208 | |
| Name and Ad | dress of Registered Agent |
| Name (Last, First, Middle, Title) | , |
| - OR - | |
| Business to serve as RA POL | ILOS,STEVE |
| Address (PO Box is not acceptable) 1124 | COMPASS ROW |
| Suite, Apt. #, etc. | |
| City, State ST. | AUGUSTINE , FL |
| Zip Code & Country | |



If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

| Title | PD |
|--|---|
| Name (Last, First, Middle, Title) | |
| - OR - | |
| Entity Name to serve as Officer/Director | POULOS,STEVE |
| Street Address | 1124 COMPASS ROW |
| City, State | ST. AUGUSTINE , FL |
| Zip Code & Country | 32080 |
| Title | |
| Name (Last, First, Middle, Title) | , , , |
| - OR - | |
| Entity Name to serve as Officer/Director | |
| Street Address | |
| City, State | , , |
| Zip Code & Country | |
| Title | |
| Name (Last, First, Middle, Title) | , |
| - OR - | |
| Entity Name to serve as Officer/Director | |
| Street Address | |

City, State