

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90185 037 ***150.00

DOCUMENT # F03000004972

1. Entity Name
EUROPASKY CORPORATION



Principal Place of Business
150 152RD AVE. SUITE 202
MADEIRA BEACH, FL 33708

Mailing Address
150 152RD AVE. SUITE 202
MADEIRA BEACH, FL 33708

50036214



2. Principal Place of Business

150 153RD AVE.

3. Mailing Address

150 153RD AVE

Suite, Apt. #, etc.

STE 201

Suite, Apt. #, etc.

STE 201

04012005

Chg-P

CR2E034 (10/03)

City & State

MADEIRA Bch FL

City & State

MADEIRA Bch FL

4. FEI Number

59-3130080

Applied For

Not Applicable

Zip

33708

Country

US

Zip

33708

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VITALE, DEBORAH A
150 152RD AVE. SUITE 202
MADEIRA BEACH, FL 33708

7. Name and Address of New Registered Agent

Name VITALE DEBORAH A.

Street Address (P.O. Box Number is Not Acceptable)

150 153RD AVE

STE 201

City MADEIRA Bch,

FL

Zip Code 33708

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 DEBORAH A. VITALE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-6-05

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 CP
NAME VITALE, DEBORAH A
STREET ADDRESS 150 152RD AVE. SUITE 202
CITY-ST-ZIP MADEIRA BEACH, FL 33708 ☒ Delete

TITLE DV
NAME HARRISON, GREGORY A
STREET ADDRESS 16209 KIMBERLY GROVE
CITY-ST-ZIP GAITHERSBURG, MD 20878 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME VITALE DEBORAH A.
STREET ADDRESS 150 153RD AVE. STE 201
CITY-ST-ZIP MADEIRA Bch, FL 33708 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-05

Date

727-510-1412

Daytime Phone #