

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90002 047 ***150.00

DOCUMENT # G00549

1. Entity Name
SHOPPING CENTER INVESTMENTS, INC.



Principal Place of Business
5533 WINDRIFT LANE
BOCA RATON, FL 33433 US

Mailing Address
12203 STRICKLAND RD
RALEIGH, NC 27613 US

DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2238792

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POLITIS, JOHN
5533 WINDRIFT LANE
BOCA RATON, FL 33433

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

**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 PD
NAME POLITIS, JOHN
STREET ADDRESS 5533 WINDRIFT LANE 12203 STRICKLAND RD
CITY-ST-ZIP BOCA RATON, FL RALEIGH NC 27613

TITLE VSD
NAME POLITIS, JO
STREET ADDRESS 5533 WINDRIFT LANE
CITY-ST-ZIP BOCA RATON, FL

TITLE VPD
NAME POLITIS, AMANDA
STREET ADDRESS 5533 WINDRIFT LANE
CITY-ST-ZIP BOCA RATON, FL

TITLE ~~VPD~~
NAME ~~POLITIS, JAMES~~
STREET ADDRESS ~~5533 WINDRIFT LANE~~
CITY-ST-ZIP ~~BOCA RATON, FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: John Politis - Jo Politis

6/20/05

919 841-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #