FILED
Aug 11, 2005 8:00 am
Secretary of State
07-11-2005 90116 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H29508

1. Entity Name
CHRIS M. LIMBEROPOULOS P.A.

66025707

Principal Place of Business	Mailing Address
2202 N WEST SHORE BLVD SUITE 140 TAMPA, FL 33607 US	2202 N WEST SHORE BLVD SUITE 140 TAMPA, FL 33607 US

07062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
400 N. Ashley Dr. #	400 N. Ashley Dr.
Suite, Apt. #, etc.: #2150	Suite, Apt. #, etc.: #2150
City & State: Tampa, Fl.	City & State: Tampa
Zip: 33602 Country: USA	Zip: Fl. Country: USA

4. FEI Number: 59-2458961 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIMBEROPOULOS, CHRIS M 2202 N. WEST SHORE BLVD. SUITE 140 TAMPA, FL 33607	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] 7-6-05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LIMBEROPOULOS, CHRIS M 2202 N. WEST SHORE BLVD., STE 140 TAMPA, FL 33607 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Limberopoulos, Chris M. 400 N. Ashley Dr. #2150 Tampa, Fl. 33602 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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] 7-6-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #