2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2006 08:00 AM DOCUMENT # H44462 **Secretary of State** 1. Entity Name LAMPATHAKIS REALTY, INC. Principal Place of Business Mailing Address LAMPATHAKIS REALTY, INC. 1299 MAIN ST. DUNEDIN FL 34698 C/O EFFIE LAMPATHAKIS 988 BRUCE AVE. CLEARWATER FL 33767 2. Principal Place of Business 3. Mailing Address Suite. Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2493965 Not Applica Country Zip Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAMPATHAKIS, EFFIE Street Address (P.O. Box Number is Not Acceptable) 988 BRUCE AVE. **CLEARWATER FL 33767** Zip Code City 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 accthe obligations of registered agent. SIGNATURE Signature, typed or printed hame of registered agent and little if applicable (NOTE Registered Agent signature required when resistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May: After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 1t. U00000413100 ☐ Change INTLE ☐ Delete 02/10/06-80072-018 150.00 NAME Lampathakis, vasilios e. NAME STREET ADDRESS STREET ADDRESS 988 BRUCE AVE CLEARWATER FL 33767 COTY-ST-ZIP CITY-ST-ZIP ☐ Change □ Admir Delete HILE STD TOUT NAME LAMPATHAKIS, EFFIE hanse STREET ACDRESS 988 BRUCE AVE STREET ADDRESS CITY-ST-20P CLEARWATER FL 33767 CITY-ST-ZIP ☐ Change Addain ☐ Delete TITLE SITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □Ad" TITLE ☐ Defete TITLE ☐ Chance MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition 3331 E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE C172 - 27 - 2712 □ Ai′.'" TITLE Delete MLE Change MAME NAME STREET AUDRESS STREET ADDRESS CKTY-ST-ZW CITY-ST-ZIP

if changed, or on an attachment with an address, with all other like empowered. Effice Lampathales Efficient pathales 1/28/86 727-447-128

12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Section 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 direction 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