

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # H70593

1. Entity Name
**E T C (EAST TAMPA CLERICAL SERVICE),
INCORPORATED.**



Principal Place of Business

% NICHOLIS GATANIS
6419 EUGENE AVENUE
TAMPA, FL 33619

Mailing Address

% NICHOLIS GATANIS
6419 EUGENE AVENUE
TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2563320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GATANIS, NICHOLIS
6419 EUGENE AVENUE
TAMPA, FL 33619

**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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	GATANIS, NICHOLIS
STREET ADDRESS	6419 EUGENE AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	VD
NAME	GATANIS, ROBERT C.
STREET ADDRESS	4604 BAYARD BLVD.
CITY-ST-ZIP	BETHESDA, MD
TITLE	STD
NAME	GATANIS, COMELLA L.
STREET ADDRESS	6419 EUGENE AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000000528
01/09/04-80001-011 150.00

**DO NOT WRITE
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)(f), 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: Nicholis Gatani NICHOLIS GATANIS 1/4/04 (813) 621-6723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #