


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # H88453 1. Entity Name MICHAEL ANTONOPOULOS & ASSOCIATES, INC.	
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Principal Place of Business
2021 ART MUSEUM DR
STE 200
JAX, FL 32207 US

Mailing Address
2021 ART MUSEUM DR
STE 200
JAX, FL 32207 US



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2610326	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ANTONOPOULOS, MICHAEL
216 CLATTER BRIDGE ROAD
PONTE VEDRA BEACH, FL 32082

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	P ANTONOPOULOS, MICHAEL 216 CLATTER BRIDGE ROAD PONTE VEDRA BEACH, FL 32082
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ANTONOPOULOS, SANDRA R. 216 CLATTER BRIDGE ROAD PONTE VEDRA BEACH, FL 32082
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/23/04-80011-006 150.00

**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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04

Date

(904) 396-5583

Daytime Phone #