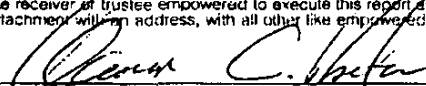


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 26, 2008 8:00 am
Secretary of State

05-13-2008 90017 031 ***150.00
06-26-2008 90002 007 ***400.00

DOCUMENT # H96034																																																											
1. Entity Name GEORGE C. PSETAS, P.A.																																																											
2. Principal Place of Business 10816 US HWY 19 N STE 105 PORT RICHEY FL 34668 US				Mailing Address 10816 US HWY 19 N STE 105 PORT RICHEY FL 34668 US																																																							
2. Principal Place of Business - No P.O. Box #				3. Mailing Address																																																							
Suite, Apt. #, etc.				Suite, Apt. #, etc.																																																							
City & State				City & State																																																							
Zip		Country		Zip																																																							
				Country																																																							
4. FEI Number 59-2643776				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																																																							
PSETAS, GEORGE C. 10816 US HWY 19 N STE 105 PORT RICHEY FL 34668				Name																																																							
				Street Address (P.O. Box Number is Not Acceptable)																																																							
				City																																																							
				State 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent designation required when changing.)																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">10. OFFICERS AND DIRECTORS</th> <th colspan="3">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS CITY - ST - ZIP</td> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS CITY - ST - ZIP</td> </tr> <tr> <td>PD</td> <td>PSETAS, GEORGE C., Pres, Treasurer</td> <td>10816 US HWY 19 N STE 105 PORT RICHEY FL 34668</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Moore, William L. Secretary</td> <td>10816 US Hwy 19N, Ste. 105 Port Richey, FL 34668</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Tetlow, Alfred J. Director</td> <td>10816 US Hwy 19N, Ste. 105 Port Richey, FL 34668</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	PD	PSETAS, GEORGE C., Pres, Treasurer	10816 US HWY 19 N STE 105 PORT RICHEY FL 34668					Moore, William L. Secretary	10816 US Hwy 19N, Ste. 105 Port Richey, FL 34668					Tetlow, Alfred J. Director	10816 US Hwy 19N, Ste. 105 Port Richey, FL 34668																											
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12. I hereby certify that the information supplied with this filing 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 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:  4/18/08 7278639005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																											