

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32630

Entity Name: GEORGITSEE CORPORATION

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

1411 KASS CIRCLE  
SPRINGHILL, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

124 OUTLOOK AVE  
BRONX, NY 10465

**New Mailing Address:**

FEI Number: 59-2738078      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARBAS, STACY  
5202 SCHOOL ROAD  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: KATECHIS, BARBARA  
Address: 124 OUTLOOK AVE  
City-St-Zip: BRONX, NY 10465

Title: P ( ) Delete  
Name: SOLDATOS, JULIA  
Address: 2132 41ST STREET  
City-St-Zip: ASTORIA, NY 11105

Title: T ( ) Delete  
Name: BARBAS, STACY  
Address: 5372 SCHOOL ROAD  
City-St-Zip: NPL, FL 34652

Title: S ( ) Delete  
Name: BARBAS, DINO  
Address: 2820 MIDDLETOWN RD.  
City-St-Zip: BRONX, NY 10458

Title: AVP ( ) Delete  
Name: BARBAS, JAMES  
Address: 1411 KASS CIRCLE  
City-St-Zip: SPRINGHILL, FL 34601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA KATECHIS

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date