

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K08281

Entity Name: T.A.S.O. PROPERTIES, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

5705 HAINES ROAD NORTH
ST. PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

5705 HAINES ROAD NORTH
ST. PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 59-2863396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIHOS, ANASTASIOS
1927 LEVINE LANE
CLEARWATER, FL 33760 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: D () Delete
Name: MIHOS, ANASTASIOS
Address: 1927 LEVINE LANE
City-St-Zip: CLEARWATER, FL 33760

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIHOS, ANASTASIOS
Address: 1927 LEVINE LANE
City-St-Zip: CLEARWATER, FL 33760

Title: S () Change (X) Addition
Name: MIHOS, JAMI L
Address: 1927 LEVINE LANE
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the 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: ANASTASIOS MIHOS

P

04/27/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date