

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Jan 14, 2005 08:00 AM  
Secretary of State

DOCUMENT # K91677

1. Entity Name  
I & J PROPERTY MANAGEMENT, INC.



Principal Place of Business

I & J PROPERTY MGMT, INC  
40347 US 19 N #201  
TARPON SPRINGS, FL 34689 US

Mailing Address

352 WESTWINDS DR.  
PALM HARBOR, FL 34683 US



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2956618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEZER, STEVEN H. P  
220 SOUTH FRANKLIN STREET  
TAMPA, FL 33602

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	KARAGIANIS, IRENE
STREET ADDRESS	352 WEST WINDS DR.
CITY-ST-ZIP	PALM HARBOR, FL
TITLE	VPD
NAME	KARAGIANIS, JOHN Z
STREET ADDRESS	352 WESTWINDS DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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01/14/05-80002-001 150.00

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: Irene Karagianis- IRENE KARAGIANIS

1-12-05 727-942-4755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #