2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L30976

Entity Name

NICHOLAS P. SARDELIS, CHARTERED



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

2033 MAIN ST

SUITE 502 SARASOTA, FL 34237 US Mailing Address

2033 MAIN ST

SUITE 502

SARASOTA, FL 34237 US



04292008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0160737

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SARDELIS, NICHOLAS P. 2033 MAIN STREET SUITE 502 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

SARASOTA, FL 34237			IN THIS SPACE			
	named entity submits this statement for the plions of registered agent.	urpose of changing its register	L. ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	T -	. , ,		
NAME STREET ADDRESS CITY-ST-ZIP	PST SARDELIS, NICHOLAS P. 2033 MAIN ST STE 502 SARASOTA, FL 33237				U00000941746 05/28/08-80119-010 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	SARDELIS, NICHOLAS P. 2033 MAIN ST STE 502 SARASOTA, FL 34237					
NAME STREET ADDRESS CITY-ST-ZIP			, .	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			; 	IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, · 'f ' +					
NAME STREET ADDRESS CITY-ST-ZIP	The same of the sa	- 東北 (102) - 日本 (103) 京都寺 山井野 (103) 内 (野湖山道田)	The state of the s		Market Man Land Control of the Contr	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empewered 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:

MATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 94-366-120i

Daylime Phone #