



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L60260 1. Entity Name GEORGE D. PSOINOS, P.A.				 MOORE CR2E034 (11/03)			
Principal Place of Business 1655 PALM BCH LAKES BLVD. 106 WEST PALM BCH FL 33401 US						Mailing Address 1655 PALM BCH LAKES BLVD. 106 WEST PALM BCH FL 33401 US	
2. Principal Place of Business		3. Mailing Address				4. FEI Number 65-0184634	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Applied For Not Applicable	
City & State		City & State				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent PSOINOS, GEORGE D., ESQ. 1655 PALM BCH LAKES BLVD. STE 106 WEST PALM BCH FL 33401			7. Name and Address of New Registered Agent				
			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City				
			FL Zip Code				
8. The above named entry 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN FT				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PSOINOS, GEORGE D., ESQ.		NAME	U00000014865			
STREET ADDRESS	323 WESTMINSTER PLACE		STREET ADDRESS	01/27/04-80037-021 150.00			
CITY-ST-ZIP	W PALM BEACH FL		CITY-ST-ZIP				
TITLE	PST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PSOINOS, GEORGE D		NAME				
STREET ADDRESS	323 WESTMINSTER PL		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BCH FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: George D. Psinos DATE: Jan 21, 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 561-640-7010