


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L60260**  
 1. Entity Name  
 GEORGE D. PSOINOS, P.A.



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
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03032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0184634	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PSOINOS, GEORGE D., ESQ.  
 1655 PALM BCH LAKES BLVD.  
 STE 106  
 WEST PALM BCH, FL 33401

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D PSOINOS, GEORGE D., ESQ. 323 WESTMINSTER PLACE W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PSOINOS, GEORGE D 323 WESTMINSTER PL WEST PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11000001274923  
 03/24/05-80031-012 150.00

**DO NOT WRITE IN THIS SPACE**

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 **GEORGE D. PSINOS** 3/22/05 561-640-9810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #