

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

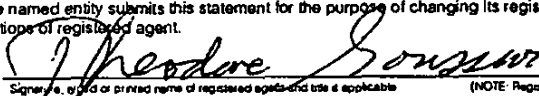
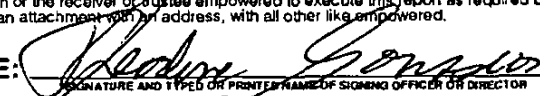
FILED
Mar 14, 2005 8:00 am
Secretary of State

02-02-2005 90043 013 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # L71531			
1. Entity Name INSPIRATION MARKETS, INC.			
Principal Place of Business 501 S. BOULEVARD OF THE PRESIDENTS P.O. BOX 3496 SARASOTA FL 34230		Mailing Address 501 S. BOULEVARD OF THE PRESIDENTS P.O. BOX 3496 SARASOTA FL 34230	
2. Principal Place of Business 522 LUMINARY BLVD		3. Mailing Address Theodore Goussios P.O. Box 1475 Osprey	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OSPREY, FLORIDA		City & State Florida 34229-1475	
Zip 34229	Country SARASOTA	Zip	Country
4. FEI Number NO-T APPLICABLE		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GOUSSIOS, THEODORE 501 S. BOULEVARD OF THE PRESIDENTS SARASOTA FL 34236		7. Name and Address of New Registered Agent Theodore Goussios P.O. Box 1475 Osprey Florida 34229-1475	
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.		DATE 1/26/05	
SIGNATURE 		DATE 1/26/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GOUSSIOS, THEODORE P.O. BOX 3496, N/A SARASOTA FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Theodore Goussios P.O. Box 1475 Osprey Florida 34229-1475 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GOUSSIOS, JUNE A. P.O. BOX 3496, N/A SARASOTA FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS June A. Goussios P.O. Box 1475 Osprey Florida 34229-1475 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 my address, with all other like empowered.			
SIGNATURE: 		DATE 1/26/05	