

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000001510**

1. Entity Name  
V.I.E. GR. CORPORATION



Principal Place of Business  
701 PARKLAND AVE.  
CLEARWATER, FL 33764

Mailing Address  
701 PARKLAND AVE.  
CLEARWATER, FL 33764

**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3615072

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TSAMBIAS, ELIAS P  
701 PARKLAND AVE.  
CLEARWATER, FL 33764

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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]

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/30/04  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000157431

05/06/04-80026-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	TSAMBIAS, ELIAS P
STREET ADDRESS	701 PARKLAND AVE
CITY- ST- ZIP	CLEARWATER, FL 33764
TITLE	VP
NAME	MAMALIS, TOM
STREET ADDRESS	PO BOX 20553
CITY- ST- ZIP	TAMPA, FL 33622
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04  
Date

Daytime Phone #