

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000003987

1. Entity Name
SIGMA TAF MANAGEMENT, INC.



Principal Place of Business
667 SNUG ISLAND
CLEARWATER, FL 33767

Mailing Address
P.O. BOX 743
CLEARWATER, FL 33754



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3615660

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TSAFATINOS, TERRY
667 SNUG ISLAND
CLEARWATER, FL 33767

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD
NAME TSAFATINOS, TERRY
STREET ADDRESS 667 SNUG ISLAND
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE VD
NAME TSAFATINOS, ANNA
STREET ADDRESS 667 SNUG ISLAND
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE SD
NAME TSAFATINOS, KATHERINE
STREET ADDRESS 667 SNUG ISLAND
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE TD
NAME TSAFATINOS, DIMITRIOS
STREET ADDRESS 667 SNUG ISLAND
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000218224
02/07/05-80056-006 150.00

**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)(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 an address, with all other like empowered

SIGNATURE:

A. Tsafatinos V.P. Anna Tsafatinos 1/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #