

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000054233

1. Entity Name  
STASSINOS ENTERPRISES, INC.



Principal Place of Business  
2322 LANDING WAY  
PALM HARBOR, FL 34684

Mailing Address

2322 LANDING WAY  
PALM HARBOR, FL 34684

2. Principal Place of Business  
33675 U.S. 19 North

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Palm Harbor FL

City & State  
Palm Harbor FL

Zip  
34684

Country  
USA

Zip  
34684

Country  
USA

6. Name and Address of Current Registered Agent

BARBER, CHARLES F ESQ.  
1550 S. HIGHLAND AVENUE  
SUITE B  
CLEARWATER, FL 33756

4. FEI Number  
59-3664127

Applied For  
Not Applicable

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

6. Name and Address of New Registered Agent

Name  
Joanne Laios

Street Address (P.O. Box Number is Not Acceptable)

33675 U.S. 19 North

City  
Palm Harbor FL Zip Code  
34684

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

4/27/06

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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	PD LAIOS, STASSINOS 2322 LANDING WAY PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAIOS, JOANNE 2322 LANDING WAY PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *J. Laios*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/06

784-1269

Date

Daytime Phone #