


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90004 019 \*\*\*150.00

**DOCUMENT # P01000012509**

1. Entity Name  
**EGES, INC.**



Principal Place of Business  
**103 TIMBERVIEW DR  
 SAFETY HARBOR, FL 34695**

Mailing Address  
**103 TIMBERVIEW DR  
 SAFETY HARBOR, FL 34695**

**60011158**

2. Principal Place of Business  
**14100 WALSHINGHAM Rd**

3. Mailing Address

Suite, Apt. #, etc.  
**10**

Suite, Apt. #, etc.

City & State  
**LARGO, FL**


City & State

Zip  
**33774**

Country

Zip

Country



01162006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3697217**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**XANTHOUDAKIS, EFTECHIOS  
 103 TIMBERVIEW DR  
 SAFETY HARBOR, FL 34695**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	<b>D</b> <b>XANTHOUDAKIS, EFTECHIOS</b> <b>103 TIMBERVIEW DR</b> <b>SAFETY HARBOR, FL 34695</b>	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
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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:** *[Signature]* **PRESIDENT** 1-31-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #