2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000012509

1. Entity Name EGES, INC.



FILED Mar 12, 2008 08:00 A Secretary of State

Applied For

Principal Place of Business

14100 WALSINGHAM RD #10 LARGO, FL 33774

Mailing Address

103 TIMBERVIEW DR SAFETY HARBOR, FL 34695



DO NOT WRITE IN THIS SPACE

02062008 No Chg-P CR2E034 (11/05)

٠.	rei Number	[Applied For
	59-3697217	Not Applicab
5.	Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent.

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

XANTHOUDAKIS, EFTECHIOS 103 TIMBERVIEW DR SAFETY HARBOR, FL 34695

SIGNATURE.

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.	

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000855083 03/27/08-80034-022 150.00

10. OFFICERS AND DIRECTORS TITLE D XANTHOUDAKIS, EFTECHIOS NAME 103 TIMBERVIEW DR STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 34695 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-07-08

Daytime Phone #