
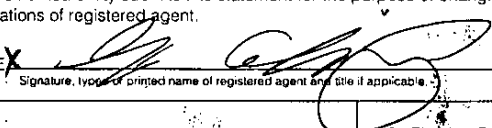
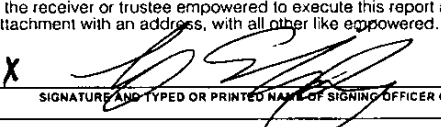


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90062 014 ***150.00

DOCUMENT # P01000081262 1. Entity Name THEODORE ELIOPOULOS, INC.					
Principal Place of Business 6027 VALLEY SPRING DR BROOKSVILLE, FL 34601			Mailing Address PO BOX 1139 BROOKSVILLE, FL 34605		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3738877	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELIOPOULOS, THEODORE W 6027 VALLEY SPRING DR BROOKSVILLE, FL 34601			7. Name and Address of New Registered Agent Name ELIOPOULOS, GREGORY J. Street Address (P.O. Box Number is Not Acceptable) 6027 VALLEY SPRING DRIVE BROOKSVILLE FL 34601		
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 			DATE X 2/5/8		
(NOTE: Registered Agent signature required when reinstating)			9. Election Campaign Financing Fund Contribution. <input type="checkbox"/>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			\$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	DPS ELIOPOULOS, THEODORE W 6027 VALLEY SPRING DR BROOKSVILLE, FL 34601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTA ELIOPOULOS, ANNAMARIE 6027 VALLEY SPRING DR BROOKSVILLE, FL 34601		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	DPS ELIOPOULOS, GREGORY J. 8411 PHILADELPHIA AVENUE SPRING HILL, FL 34608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: 			GREGORY J. ELIOPOULOS X 2/5/8		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		