


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90174 007 \*\*\*150.00

<b>DOCUMENT # P01000088842</b> 1. Entity Name <b>SQUARE DEAL, INC.</b>	
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Principal Place of Business P. O. BOX 7624 CLEARWATER, FL 33758 US	Mailing Address P. O. BOX 7624 CLEARWATER, FL 33758 US
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04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3748998</b>	Applied For Not Applicable
5. Certificate of Status Desired, <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**WEAVER, JOEL R  
1022 MAIN ST., SUITE C  
DUNEDIN, FL 34689**

**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 John Koyamarianos (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KOYMARIANOS, JOHN 1022 MAIN ST, SUITE C DUNEDIN, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPITHOYANIS, MIKE P. O. BOX 7624 (N/A) CLEARWATER, FL 33758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SQUARE DEAL INC PAINTING. Clearwater P.O. Box. 7624 33758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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 exemption stated in Section 119.07(3)(i), 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: John Koyamarianos SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_