

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000089360

1. Entity Name  
ANDREANOS JORDANOPOULOS O.D., INC.



**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1573 S. WICKHAM ROAD  
WEST MELBOURNE, FL 32904

Mailing Address  
1573 S. WICKHAM ROAD  
WEST MELBOURNE, FL 32904



02142006 No Chg-P CR2E034 (11/05)

4. FEI Number  
22-3872645

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

JORDANOPOULOS, ANDREANOS  
1573 S. WICKHAM ROAD  
WEST MELBOURNE, FL 32904

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEBRUARY 2006  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing

\$5.00 May Be

Added to fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JORDANOPOULOS, ANDREANOS  
1573 S. WICKHAM ROAD  
WEST MELBOURNE, FL 32904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000442922  
13/14/16-10040-011 150.00

**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 SIGNER OFFICER OR DIRECTOR

Date

Business Phone #

*[Signature]* *on inc* 2/14/06 (321) 259-1621