

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90115 023 ***150.00

DOCUMENT # P02000090241

1. Entity Name

I CAN DO THAT, INC.



Principal Place of Business

1611 SW 105TH LANE
DAVIE, FL 33324

Mailing Address

1611 SW 105TH LANE
DAVIE, FL 33324

50051228

2. Principal Place of Business

9811 NW 36 St.

Suite, Apt. #, etc.

3. Mailing Address

9811 NW 36 St.

Suite, Apt. #, etc.



02212005

Chg-P

CR2E034 (10/03)

City & State

Sunrise, FL

City & State

Sunrise FL

4. FEI Number

04-3711723

Applied For

Not Applicable

Zip
33351

Country
USA

Zip
33351

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EFKARPIDES, TEDDY
1611 SW 105TH LANE
DAVIE, FL 33324

7. Name and Address of New Registered Agent

Name Teddy Efkarpidides

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

9811 NW 36 St.

City Sunrise

FL

Zip Code
33351

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, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

30 Apr 2005

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME EFKARPIDES, TEDDY
STREET ADDRESS 1611 SW 105TH LANE
CITY-ST-ZIP DAVIE, FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Teddy Efkarpidides ☒ Change ☐ Addition
STREET ADDRESS 9811 NW 36 St.
CITY-ST-ZIP Sunrise FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 APR 2005

Date

754-264-5533

Daytime Phone #