

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-24-2004 90001 036 ***150.00

DOCUMENT # P02000110656

1. Entity Name
PETRONIA, INC.



Principal Place of Business
**25 NW 16TH AVE #C
GAINESVILLE, FL 32601**

Mailing Address
**25 NW 16TH AVE #C
GAINESVILLE, FL 32601**

54073414



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

16-1632551

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRIAKOPOULOS, ANTOINETTE
25 NW 16TH AVE #C
GAINESVILLE, FL 32601**

Name

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

City

FL

Zip Code

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!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KIRIAKOPOULOS, ANTOINETTE	
STREET ADDRESS	25 NW 16TH AVE #C	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

9-21-2004

Date

Daytime Phone #



Attachment
54073414

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 1, 2004

PETRONIA, INC.
25 NW 16TH AVE #C
GAINESVILLE, FL 32601

SUBJECT: PETRONIA, INC.
Ref. Number: P02000110656

We have received your document for PETRONIA, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the uniform business report/annual report or reinstatement application or attach a photocopy of the FEI number application to the document before we can complete your filing.

An officer or director must sign the report.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 904A00053083

Attachment
54073414

Business Bookkeeping Service, Inc.

Phone
352-375-2797

2711 NW 6th Street
Suite F
Gainesville, Fl. 32609

Fax
352-375-1706

September 21, 2004

TO WHOM IT MAY CONCERN:
RE: PETRONIA, INC.
REF # P02000110656

IN RESPONSE TO YOUR LETTER DATED SEPTEMBER 1, 2004, WE HAVE FILLED IN
THE NECESSARY INFORMATION FOR THE FEDERAL EMPLOYER IDENTIFICATION
~~NUMBER THAT YOU REQUESTED. THE FEDERAL EMPLOYER IDENTIFICATION~~
NUMBER IS: 16-1632551.

PLEASE ACCEPT THIS PAYMENT OF \$150.00 FOR THE 2004 CORPORATE ANNUAL
REPORT.

THANK YOU FOR YOUR ASSISTANCE WITH THIS DOCUMENT NUMBER.



REGINA SWEAT
BUSINESS BOOKKEEPING SERVICE, INC.