2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90251 028 ***150.00

DOCUMENT # P03000084884

1. Entity Name
EDIP, INC.

Principal Place of Business
3480 COMMERCIAL WAY
SPRING HILL, FL 34606

Mailing Address
27 EAST ORANGE ST.
TARPON SPRINGS, FL 34689

2. Principal Place of Business: 9207 EDEN AVE
Suite, Apt. #, etc.:
City & State: HUDSON FL
Zip: 34667 Country: US

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

04092004 Chg-P CR2E034 (10/03)

4. FEI Number: 16-1679649 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KLIMIS, GEORGE N
27 EAST ORANGE ST.
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent
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 resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
D	
PAPADOPOULOS, VASILIOS	
3480 COMMERCIAL WAY	
SPRING HILL, FL 34606	
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☒ Change
9207 EDEN AVE	
HUDSON FL 34667	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ 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 another like empowered.

SIGNATURE: _____ 4/27/04 727-819-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #