

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
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2. Principal Place of Business 9207 EDEN AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HUDSON FL	City & State
Zip 34667	Country US



04092004 Chg-P CR2E034 (10/03)

4. FEI Number 16-1679649	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLIMIS, GEORGE N 27 EAST ORANGE ST. TARPON SPRINGS, FL 34689	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

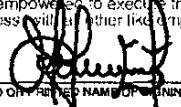
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent Signature required when re-registering)	DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPADOPOULOS, VASILIOS 3480 COMMERCIAL WAY SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9207 EDEN AVE HUDSON FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 another like empowered.

SIGNATURE: 	4/27/04 727-819-9666
SIGNATURE AND TYPED CITY, COUNTY AND ZIP OF SIGNING OFFICER OR DIRECTOR	DATE Daytime Phone #