

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90304 013 ***150.00

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02132005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000094158		
1. Entity Name G. KORDIS AUTO TRANSPORT, INC.		

Principal Place of Business 4663 61 LANE N KENNETH CITY, FL 33709	Mailing Address 4663 61 LANE N KENNETH CITY, FL 33709
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2. Principal Place of Business 4901 48 th AVE N Suite, Apt. #, etc.	3. Mailing Address 4901 48 th AVE N Suite, Apt. #, etc.
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City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
Zip 33709	Country
Zip 33709	Country

4. FEI Number 16-1681615	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KORDIS, GEORGE 4663 61 LANE N KENNETH CITY, FL 33709

7. Name and Address of New Registered Agent Name KORDIS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 4901 48 th AVE N. City ST. PETERSBURG FL Zip Code 33709

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:  **GEORGE KORDIS** **4-18-05**
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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KORDIS, GEORGE 4663 61 LANE N KENNETH CITY, FL 33709 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KORDIS, GEORGE 4901 48 th AVE N ST. PETERSBURG FL 33709 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **GEORGE KORDIS, PRES.** **4-18-05** **787**
Signature and typed or printed name of signing officer or director Date Daytime Phone # **526-1777**