


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90084 012 ***150.00

DOCUMENT # P03000139724		
1. Entity Name DERGEZ GYORGY INC		

Principal Place of Business 10431 SE 49TH COURT APT. 17 BELLEVUE, FL 34420	Mailing Address 10431 SE 49TH COURT APT. 17 BELLEVUE, FL 34420
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50008539



2. Principal Place of Business 12198 SE 96 TERR	3. Mailing Address 12198 SE 96 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01222005 Chg-P CR2E034 (10/03)

City & State BELLEVUE FL	City & State BELLEVUE FL
Zip 34420	Country
Zip 34420	Country

4. FEI Number 20-0427600	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent GYORGY, DERGEZ 10431 SE 49TH COURT APT. 17 BELLEVUE, FL 34420		7. Name and Address of New Registered Agent Name GYORGY DERGEZ Street Address (P.O. Box Number is Not Acceptable) 12198 SE 96 TERR City BELLEVUE FL Zip Code 34420	
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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 *Georgy Dergez* DATE 01/28/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRORGY, DERGEZ 10431 SE 49TH COURT BELLEVUE, FL 34420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT GYORGY DERGEZ 12198 SE 96 TERR BELLEVUE FL 34420 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GRORGY, DERGEZ 10431 SE 49TH COURT BELLEVUE, FL 34420 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Georgy Dergez* DATE 01/28/05 DAYTIME PHONE # 352-307-3161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR