


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-31-2005 90040 035 ***150.00

DOCUMENT # P03000147239	
1. Entity Name JEFFREY G. ANTANTIS, INC.	

Principal Place of Business 11825 WHISPER CREEK DR RIVERVIEW FL 33605	Mailing Address 11825 WHISPER CREEK DR RIVERVIEW FL 33569
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2. Principal Place of Business 11825 Whisper Creek Dr.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Riverview - FL	City & State
Zip 33569	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent ANTANTIS, JEFFREY G 11825 WHISPER CREEK DR RIVERVIEW FL 33605		4. FEI Number 59-3761025		Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of New Registered Agent Name Antantis, Jeffrey G Street Address (P.O. Box Number is Not Acceptable) 11825 Whisper Creek Dr. City Riverview FL Zip 33569		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTANTIS, JEFFREY G 11825 WHISPER CREEK DR RIVERVIEW FL 33605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTANTIS, JEFFREY G 11825 WHISPER CREEK DR. Riverview, FL 33569
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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:  **3/28/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #