


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90124 005 \*\*\*150.00

<b>DOCUMENT # P04000004135</b>					
<b>1. Entity Name</b> ANNA GEORGIADIS, PA					
<b>Principal Place of Business</b> 1162 LINDENWOOD DRIVE TARPON SPRINGS, FL 34688			<b>Mailing Address</b> 5401 CENTRAL AVE SAINT PETERSBURG, FL 33710		
<b>2. Principal Place of Business - No P.O. Box #</b> 1807 Short Branch Dr.		<b>3. Mailing Address</b> 1162 LINDENWOOD DR			
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. #			
City & State TRINITY, FL		City & State TARPON SPRINGS FL			
Zip 34655		Country USA		Zip 34688	
Country USA		Country USA			
<b>6. Name and Address of Current Registered Agent</b>  MCATEE, CAROL 5401 CENTRAL AVENUE ST. PETERSBURG, FL 33710			<b>7. Name and Address of New Registered Agent</b> Name ANNA GEORGIADIS Street Address (P.O. Box Number is Not Acceptable) 1162 LINDENWOOD DR City TARPON SPRINGS FL Zip Code 34688		
<b>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.</b> SIGNATURE: <u>Anna Georgiadis</u> DATE: <u>4-18-8</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGIADIS, ANNA 1162 LINDENWOOD DRIVE TARPON SPRINGS, FL 34688		<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"/> 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		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
SIGNATURE: <u>Anna Georgiadis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-18-8 727-967-9444 <small>Date Daytime Phone #</small>		