


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90397 045 ***150.00

DOCUMENT # P04000051949

1. Entity Name
 GEORGE'S OF BLOOMINGDALE, INC.



Principal Place of Business Mailing Address

537 FLORIDA CIRCLE SOUTH 537 FLORIDA CIRCLE SOUTH
 APOLLO BEACH, FL 33572 APOLLO BEACH, FL 33572

2. Principal Place of Business 3. Mailing Address

127 E. Bloomingdale Ave *127 E. Bloomingdale Ave*

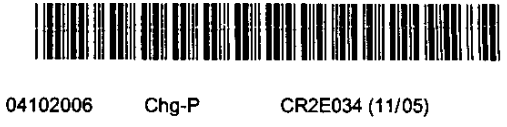
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Brandon, FL *Brandon, FL*

Zip Country Zip Country

33511-8102 *USA* *33511-8102* *USA*



6. Name and Address of Current Registered Agent

KONTAKOS, GEORGE
 537 FLORIDA CIRCLE SOUTH
 APOLLO BEACH, FL 33572

4. FEI Number Applied For

20-0740649 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
127 E. Bloomingdale Ave.

City State Zip Code

Brandon *FL* *33511-8102*

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 Kontakos* **PRESIDENT** *4-12-06*

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KONTAKOS, GEORGE 537 FLORIDA CIRCLE SOUTH APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONTAKOS, GEORGE 537 FLORIDA CIRCLE SOUTH APOLLO BEACH, FL 33572	<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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<i>127 E. Bloomingdale Ave</i> <i>Brandon, FL 33511-8102</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<i>127 E. Bloomingdale Ave.</i> <i>Brandon, FL 33511-8102</i>	
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 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.

SIGNATURE: *George Kontakos* **PRESIDENT** *4-12-06* *813-643-3867*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #