


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90039 045 ***158.25

DOCUMENT # P04000053960	
1. Entity Name JOHN THANASIDES, INC.	

Principal Place of Business 14446 7TH STREET DADE CITY, FL 33523	Mailing Address 14446 7TH STREET DADE CITY, FL 33523
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50016006



2. Principal Place of Business 13619 14TH STREET	3. Mailing Address 13619 14TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02012005 Chg-P CR2E034 (10/03)

City & State DADE CITY FL	City & State DADE CITY FL
Zip 33525	Zip 33525
Country U.S.	Country U.S.

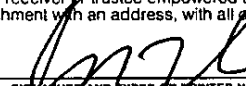
4. FEI Number 20-0916445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THANASIDES, JOHN 14446 7TH STREET DADE CITY, FL 33523	
7. Name and Address of New Registered Agent Name JOHN THANASIDES Street Address (P.O. Box Number is Not Acceptable) 13619 14TH STREET City DADE CITY FL Zip Code 33525	

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  JOHN THANASIDES PRESIDENT 2/11/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small> DATE	
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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	PS THANASIDES, JOHN 14446 7TH STREET DADE CITY, FL 33523 <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
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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:  JOHN THANASIDES PRESIDENT 2/11/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date 2/11/05 Daytime Phone # 352-408-3491	
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