

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000131320

1. Entity Name
MISIR INVESTMENTS TRUST, INC.



FILED

07 APR 17 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1274 BELMONTE TERR #2B
JACKSONVILLE, FL 32207

Mailing Address
1274 BELMONTE TERR #2B
JACKSONVILLE, FL 32207



02042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
1274 BELMONTE TERR

3. Mailing Address

Suite, Apt. #, etc.
2B-

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State

4. FEI Number

Applied For
Not Applicable

Zip
32207

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MISIR, RANDOLF A
1274 BELMONTE TERR #2B
JACKSONVILLE, FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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
MISIR, RANDOLF A
1274 BELMONTE TERR #2B
JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
Apr 10/07

Daytime Phone #