FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90045 038 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000157704

1. Entity Name
TARPON BODY PRODUCTS, INC.

Principal Place of Business	Mailing Address
836 ATHENS STREET TARPON SPRINGS, FL 34689	836 ATHENS STREET TARPON SPRINGS, FL 34689

02092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
936 Athens STREET	936 Athens Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Springs, FL	City & State: Tarpon Springs, FL
Zip: 34689 Country:	Zip: 34689 Country:

4. FEI Number 20-1908377 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPILIOTIS, KALLIOPI
936 ~~836~~ ATHENS STREET
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

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: Spiliotis K 4/8/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SPILIOTIS, KALLIOPI	
STREET ADDRESS	~~836 ATHENS STREET~~ 936 Athens ST	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	VP	☐ Delete
NAME	KOUTOUZIS, ELEFTHERIA	
STREET ADDRESS	~~836 ATHENS STREET~~ 936 Athens ST.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Spiliotis K Kalliopi Spiliotis PRES 4/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #