

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

06 SEP 15 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000157758

1. Entity Name
E & Y ASSOCIATES INC



Principal Place of Business
9721 66TH STREET NORTH
PINELLAS PARK, FL 33782

Mailing Address
9721 66TH STREET NORTH
PINELLAS PARK, FL 33782



05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1902691

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAXPROS ACCOUNTING SERVICES, INC
7901 4TH STREET NORTH
101
ST PETERSBURG, FL 33702

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

400079941364

09/19/06--01029--014 \$150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KARAMIHAILOGLOU, ELIAS
STREET ADDRESS	6711 13TH AVE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	VP
NAME	KARAMIHAILOGLOU, JOHN
STREET ADDRESS	6711 13TH AVE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	O
NAME	KARAMIHAILOGLOU, ANATOLI
STREET ADDRESS	6711 13TH AVE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #