

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000166915

1. Entity Name
GUS RIGAS EUROPEAN SOCCER ACADEMY, INC.



FILED

05 OCT 14 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
611 OAK RIVER CT
OSPREY, FL 34229

Mailing Address
611 OAK RIVER CT
OSPREY, FL 34229

2. Principal Place of Business

3. Mailing Address
P.O. BOX 443

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07212005 Chg-P CR2E034 (10/03)

City & State

City & State
OSPREY, FL

4. FEI Number
20-2014954

Applied For
Not Applicable

Zip Country

Zip Country
34229

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

COMPTON, JOHN M
1819 MAIN ST STE 610
SARASOTA, FL 34236

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RIGAS, CONSTANTINO
P.O. BOX 443
OSPREY, FL 34229 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200060630342
10/14/05--01062--011 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RIGAS, LISA
P.O. BOX 443
OSPREY, FL 34229 ☐ Delete

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

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

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

Daytime Phone #

10.10.05