2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000124991 1. Entity Name

JERRY MAKRIS C.P.A., P.A.

FILED Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business 2110 DREW STREET CLEARWATER, FL 33765

Mailing Address

2110 DREW STREET CLEARWATER, FL 33765



DO NOT WRITE IN THIS SPACE

01152007

No Chg-P

CR2E034 (11/05)

4. FE! Number 11-3364485

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAKRIS, JERRY 2110 DREW STREET CLEARWATER, FL 33765

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the plions of registered agent. | urpose of changing its registere | d office or r | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
|----------------------------|---|--|------------------|--------------------------------|---|
| SIGNATURE. | | | | | |
| | Signature, typed or printed name of registered agent and tide if | applicable (NOTE Registered | i Açent signatur | e reduired when reinstalling) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | Ĭ | | <u> </u> |
| TITLE | PRES | | | | |
| NAME | MAKRIS, JERRY | | | | |
| STREET ADDRESS | 2110 DREW STREET CLEARWATER, FL 33765 | | | | |
| CITY ST-ZIP | | | | U00000720213 | |
| TITLE | | | 1 | | 05/01/07-80095-019 150.00 |
| NAME | | | | | |
| STREET ADDRESS | | | | | • |
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| NAME | | | | Vii | I FIIS SPACE |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I curther 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 discotor 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: __

STREET ADDRESS
CITY+ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY+ST-ZIP

MAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07