

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000040249

1. Entity Name
PAPPAS FINANCIAL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 12 AM 10:26

Principal Place of Business
90 NE 133RD ST
NORTH MIAMI, FL 33161

Mailing Address
90 NE 133RD ST
NORTH MIAMI, FL 33161



05122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0264748

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KRODEL, WILLIAM H
4437 CENTRAL AVE
ST PETERSBURG, FL 33713

**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)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAPPAS, THEODORE A
90 NE 133RD ST
NORTH MIAMI, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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600155838796
05/12/09--01023--018 **150.00

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IN THIS SPACE**

4/12/2 96 1629

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:

Theodore Pappas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-09 727 376 2690

Date

Daytime Phone #