

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000061982

1. Entity Name
JASON N. KLIMIS, P.A.



Principal Place of Business
**27 E ORANGE ST
TARPON SPRINGS, FL 34689**

Mailing Address
**27 E ORANGE ST
TARPON SPRINGS, FL 34689**



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4828110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GEORGE N. KLIMIS, P.A.
27 E ORANGE ST
TARPON SPRINGS, FL 34689**

**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 \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KLIMIS, JASON N
STREET ADDRESS	27 E ORANGE ST
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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03/06/08-80029-005 150.00

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON KLIMIS

Date

Daytime Phone #

X 2/15/08