

OK # 1444

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000094799

1. Entity Name
SPYROS D. DRIVAS ARCHITECT, INC.



Principal Place of Business
134 EAST CALL STREET
STARKE, FL 32091 US

Mailing Address
1516 N.E. 161ST STREET
STARKE, FL 32091 US

FILED
Jul 03, 2008 08:00 AM
Secretary of State



05222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3693186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DRIVAS, SPYROS D
134 EAST CALL STREET
STARKE, FL 32091

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	P,D DRIVAS, SPYROS D 1516 N.E. 161ST STREET STARKE, FL 32091
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07/03/08-80001-008 150.00

**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: SPYROS D. DRIVAS 7/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

964-6846