


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90100 002 ***150.00

DOCUMENT # P06000118822	
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1. Entity Name
BUCKEYE OF TAMPA BAY, INC.

Principal Place of Business 1757 LONG VIEW LANE TARPON SPRINGS, FL 34689	Mailing Address 1757 LONG VIEW LANE TARPON SPRINGS, FL 34689
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40019343



2. Principal Place of Business - No P.O. Box # 1809 ACME RD	3. Mailing Address 1809 ACME RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State HOLIDAY, FL	City & State HOLIDAY, FL 34690
Zip 34690	Country
Zip 34690	Country

4. FEI Number
20-5547851

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

6. Name and Address of Current Registered Agent MORAKIS, BARBARA 1757 LONG VIEW LANE TARPON SPRINGS, FL 34689	7. Name and Address of New Registered Agent Name POLIDOROS VLISSIDIS Street Address (P.O. Box Number is Not Acceptable) 1809 ACME RD City HOLIDAY FL Zip Code 34690
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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: *Paul Vliissidis*

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORAKIS, BARBARA 1757 LONG VIEW LANE TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRESIDENT VLISSIDIS, POLIDOROS 1757 LONG VIEW LANE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Paul Vliissidis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT
POLIDOROS VLISSIDIS

Date

Daytime Phone #