

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90310 017 ***150.00

DOCUMENT # P94000019797

1. Entity Name
GEORGE ANDRASI, P.A.



Principal Place of Business

**2000 WEBBER ST
SARASOTA, FL 34239**

Mailing Address

**1820 RINGLING BOULEVARD
SARASOTA, FL 34236**

777. S. PALM AVE. SARASOTA, FL. 34236

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0497056

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HANKIN, LAWRENCE M
1820 RINGLING BOULEVARD
SARASOTA, FL 34236**

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ANDRASI, GEORGE A.
STREET ADDRESS 600 MANGROVE POINT ROAD
CITY-ST-ZIP SARASOTA, FL 34242

TITLE VP
NAME ANDRASI, EDIE
STREET ADDRESS 600 MANGROVE POINT ROAD
CITY-ST-ZIP SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

Date

971 302 2429

Daytime Phone #