


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000019854</b> 1. Entity Name <b>1ST CLASS PROPERTY MANAGEMENT INC.</b>	
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>620 BYPASS DR CLEARWATER, FL 34624</b>	Mailing Address <b>620 BYPASS DR CLEARWATER, FL 34624</b>
------------------------------------------------------------------------------	------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-P CR2E034 (11/05)

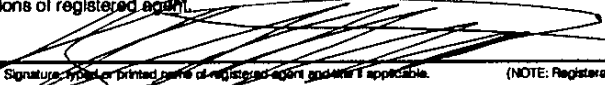
4. FEI Number <b>59-3230118</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**SPITHOYANIS, MICHAEL  
620 BYPASS DR  
CLEARWATER, FL 34624**

**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  **Michael Spithoyanis** **3/15/07**  
Signature, typed or printed name of registered agent and where applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 . After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SPITHOYANIS, MICHAEL 2135 MCKINLEY ST CLEARWATER, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SPITHOYANIS, COSTA 7024 3RD AVE BROOKLYN, NY 11209</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SPITHOYANIS, EUGENIA 7024 3RD AVE BROOKLYN, NY 11209</b>
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**

U00000670862  
03/28/07-80005-020 150.00

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 

Michael Spithoyanis 3/15/07  
727-797-7500