

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019854

FILED
Apr 22, 2008
Secretary of State

Entity Name: 1ST CLASS PROPERTY MANAGEMENT INC.

Current Principal Place of Business:

620 BYPASS DR
CLEARWATER, FL 34624

New Principal Place of Business:

620 BYPASS DR
CLEARWATER, FL 33764

Current Mailing Address:

620 BYPASS DR
CLEARWATER, FL 34624

New Mailing Address:

620 BYPASS DR
CLEARWATER, FL 33764

FEI Number: 59-3230118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPITHOYANIS, MICHAEL
620 BYPASS DR
CLEARWATER, FL 34624 US

Name and Address of New Registered Agent:

SPITHOYANIS, MICHAEL
620 BYPASS DR
CLEARWATER, FL 33764 US

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.

SIGNATURE: MICHAEL SPITHOYANIS

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPITHOYANIS, MICHAEL
Address: 2135 MCKINLEY ST
City-St-Zip: CLEARWATER, FL

Title: V () Delete
Name: SPITHOYANIS, COSTA
Address: 7024 3RD AVE
City-St-Zip: BROOKLYN, NY 11209

Title: V () Delete
Name: SPITHOYANIS, EUGENIA
Address: 7024 3RD AVE
City-St-Zip: BROOKLYN, NY 11209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SPITHOYANIS, MICHAEL
Address: 2135 MCKINLEY ST
City-St-Zip: CLEARWATER, FL 33765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SPITHOYANIS

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date