

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90005 036 ***150.00

DOCUMENT # P94000023634

1. Entity Name
KALOGIANIS & ASSOCIATES, P.A.



Principal Place of Business
6611 US HWY 19, SUITE 507
NEW PORT RICHEY, FL 34652 US

Mailing Address
6611 US HWY 19, SUITE 507
NEW PORT RICHEY, FL 34652 US

40115065



2. Principal Place of Business - No P.O. Box #
8520 Government Dr
Suite, Apt. #, etc.
#1

3. Mailing Address
8520 Government Dr
Suite, Apt. #, etc.
#1

City & State
New Port Richey FL

City & State
New Port Richey FL

Zip
34653

Country
Pasco

08142008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3268924

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CONSTANTINE KALOGIANIS
4752 CRESTKNOLL LANE
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 re-registering) 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KALOGIANIS, CONSTANTINE			NAME	Kalogianis, Constantine		
STREET ADDRESS	4752 CRESTKNOLL LANE			STREET ADDRESS	5400 Adams Morgan Dr		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653			CITY-ST-ZIP	New Port Richey, FL 34653		
TITLE	D S	<input checked="" type="checkbox"/> Delete		TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KALOGIANIS, KATHY			NAME	Kalogianis, Kathy		
STREET ADDRESS	4752 CRESTKNOLL LANE			STREET ADDRESS	5400 Adams Morgan Dr		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653			CITY-ST-ZIP	New Port Richey, FL 34653		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8-20-08 Daytime Phone #