

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000023634

FILED
Apr 08, 2009
Secretary of State

Entity Name: KALOGIANIS & ASSOCIATES, P.A.

Current Principal Place of Business:

8520 GOVERNMENT DR STE 1
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

8520 GOVERNMENT DR STE 1
SUITE 1
NEW PORT RICHEY, FL 34654 US

Current Mailing Address:

8520 GOVERNMENT DR STE 1
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

8520 GOVERNMENT DR STE 1
SUITE 1
NEW PORT RICHEY, FL 34654 US

FEI Number: 59-3268924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSTANTINE KALOGIANIS
4752 CRESTKNOLL LANE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

CONSTANTINE KALOGIANIS
5400 ADAMS MORGAN DRIVE
NEW PORT RICHEY, FL 34653 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:

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KALOGIANIS, CONSTANTINE
Address: 5400 ADAMS MORGAN DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D S () Delete
Name: KALOGIANIS, KATHY
Address: 5400 ADAMS MORGAN DR
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CONSTANTINE KALOGIANIS

D S

04/08/2009

Electronic Signature of Signing Officer or Director

Date