

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90400 039 ***150.00

DOCUMENT # P95000044796

1. Entity Name
LOUIS SCOURTAS & ASSOCIATES, INC.



Principal Place of Business

24761 US HWY 19 N
630
CLEARWATER, FL 33763

Mailing Address

24761 US HWY 19 N
630
CLEARWATER, FL 33763



2. Principal Place of Business - No P.O. Box #

2430 Estancia Blvd

3. Mailing Address

2430 Estancia Blvd

Suite, Apt. #, etc.

Suite 108

Suite, Apt. #, etc.

Suite 108

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33761

Country

US

Zip

33761

Country

US

04252007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3333806

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOURTAS, LOUIS C
24761 US HWY 19 N SUITE 630
CLEARWATER, FL 33763

7. Name and Address of New Registered Agent

Name

Scourtas, Louis C.

Street Address (P.O. Box Number is Not Acceptable)

2430 Estancia Blvd.

Suite 108

City

Clearwater

FL

Zip Code

33761

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 of registered agent and title if applicable

Louis C. Scourtas

(NOTE: Registered Agent signature required when reinstating)

4/25/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SCOURTAS, LOUIS C**
STREET ADDRESS **24761 US HWY 19 N SUITE 630**
CITY-ST-ZIP **CLEARWATER, FL 33763**

TITLE **D** ☒ Change ☐ Addition
NAME **Scourtas, Louis C.**
STREET ADDRESS **2430 Estancia Blvd Suite 108**
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **D** ☐ Delete
NAME **SCOURTAS, MICHELLE L**
STREET ADDRESS **24761 US HWY 19 N SUITE 630**
CITY-ST-ZIP **CLEARWATER, FL 33763**

TITLE **D** ☒ Change ☐ Addition
NAME **Scourtas, Michelle L.**
STREET ADDRESS **2430 Estancia Blvd Suite 108**
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **D** ☐ Delete
NAME **SCOURTAS, DEANNA L**
STREET ADDRESS **24761 US HWY 19 N SUITE 630**
CITY-ST-ZIP **CLEARWATER, FL 33763**

TITLE **D** ☒ Change ☐ Addition
NAME **Scourtas, Deanna L.**
STREET ADDRESS **2430 Estancia Blvd Suite 108**
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Michelle L. Scourtas **Michelle L. Scourtas** **4/21/07** **787-430709**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #