

FILED
Apr 17, 2008 08:00 AM
Secretary of State



Principal Place of Business
1074 ISLAND AVE
TARPON SPRINGS, FL 34689

Mailing Address
1074 ISLAND AVE
TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3334128

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTMAS, PATRICIA
1074 ISLAND AVE
TARPON SPRINGS, FL 34689

**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 _____			
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHRISTMAS, JOHN T JR
STREET ADDRESS	1074 ISLAND AVE
CITY - ST - ZIP	TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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04/30/08-90008-014 150.00

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IN THIS SPACE**

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: X John Christodoulou JOHN T. CHRISTODAS JR.

Date _____

Daytime Phone # _____