

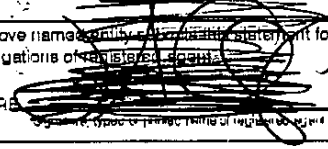
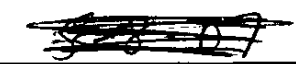
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Jon Naglich 813-962-2653

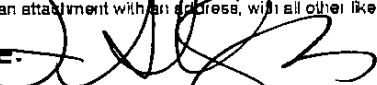
FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90022 017 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000041541			
1. Entity Name JUDY G. MOUKAZIS & ASSOCIATES, INC.			
Principal Place of Business 7218 MASSACHUSETTS AVE NEW PORT RICHEY, FL 34653 8624 Government Dr Ste 102 New Port Richey, Fla 34654		Mailing Address 7218 MASSACHUSETTS AVE NEW PORT RICHEY, FL 34653 SAME AS Below	
2. Principal Place of Business - No P.O. Box # 8624 Government DR Ste 102		3. Mailing Address 8624 Government DR Suite, Apt. #, etc. Suite 102	
City & State New Port Richey, FLA		City & State New Port Richey, FLA	
Zip 34654	Country USA	Zip 34654	Country USA
6. Name and Address of Current Registered Agent MOUKAZIS, JUDY G 7530 LITTLE ROAD CORUT REPORTERS ANNEX NEW PORT RICHEY, FL 34654		7. Name and Address of New Registered Agent Name: MoukAZis, Judy G. Street Address (P.O. Box Number is Not Acceptable) 8624 Government Drive Suite 102 City: New Port Richey, FL Zip Code: 34654	
8. The above named entity certifies that the information 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 		DATE 	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOUKAZIS, JUDY G 7218 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☒ Addition ☒ moukAZis, Judy G. 8624 Government Dr Suite 102 New Port Richey, FLA 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

5-8-07