


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90015 047 \*\*\*150.00

<b>DOCUMENT # P96000041541</b> 1. Entity Name <b>JUDY G. MOUKAZIS &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>8624 GOVERNMENT DR STE 102</b> <b>NEW PORT RICHEY FL 34654</b>			Mailing Address <b>8624 GOVERNMENT DR STE 102</b> <b>NEW PORT RICHEY FL 34654</b>		
2. Principal Place of Business - No P.O. Box # <b>8630 Government Dr - Bldg 3, Ste 103, New Port Richey, Fla 34654</b> Suite, Apt. #, etc. <b>Bldg 3 - Suite 3</b>			3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.		
City & State <b>New Port Richey, Fla</b>			City & State		
Zip <b>34654</b>		Country <b>USA</b>		4. FEI Number <b>59-3383665</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MOUKAZIS, JUDY G</b> <b>8624 GOVERNMENT DR STE 102</b> <b>NEW PORT RICHEY FL 34654</b>			7. Name and Address of New Registered Agent  Name <b>Judy G. MoukAZis</b> Street Address (P.O. Box Number is Not Acceptable) <b>8630 Government Dr - Bldg 3, Ste 3</b> <b>New Port Richey</b> City <b>FL</b> Zip Code <b>34689</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOUKAZIS, JUDY G</b> <b>8624 GOVERNMENT DR STE 102</b> <b>NEW PORT RICHEY FL 34654</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> _____ <b>Judy G. MoukAZis</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					