

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90005 042 ***150.00

DOCUMENT # P96000078362

1. Entity Name
ARGYROS ENTERPRISES, INC.



Principal Place of Business
**25339 NW WALTER POTTS RD
LOT K
ALTHA, FL 32421**

Mailing Address
**300 W 5TH ST
APT 403
CHARLOTTE, NC 28202**

50025755



2. Principal Place of Business

3. Mailing Address
328 W 6th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022006 Chg-P CR2E034 (11/05)

City & State

City & State
Charlotte, NC

4. FEI Number
65-0696320

Applied For
Not Applicable

Zip Country

Zip Country
28202 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARGYROS, PATRICIA
25339 NW WALTER POTTS RD
LOT K
ALTHA, FL 32421**

Name

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

City

FL Zip Code

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ARGYROS, PATRICIA
25339 NW WALTER POTTS RD
ALTHA, FL 32421 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
YOUNG, JOHANNA
300 W 5TH ST., APT 403
CHARLOTTE, NC 28202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Johanna Young
328 W 6th St, #6
Charlotte, NC 28202 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/M
Rachael Young
25339 NW Walter Potts Rd, Lot K
Altha, FL 32421 ☐ Change ☒ Addition

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

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johanna Young

8/12/06

Date

704-855-4101

Daytime Phone #