

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000042783

1. Entity Name

PANTELI MASTROVASILIS P.A.



FILED

07 MAR 30 AM 9:25

Principal Place of Business

803 CAVESMILL WAY  
TARPON SPRINGS FL 34689  
US

Mailing Address

803 CAVESMILL WAY  
TARPON SPRINGS FL 34689

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3503936

Applied For  
Not Applicable5. 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

MASTROVASILIS, PANTELIS  
803 CAVESMILL WAY  
TARPON SPRINGS FL 34689

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
 D MASTROVASILIS, PANTELIS  
 STREET ADDRESS 803 CAVESMILL WAY  
 CITY ST ZIP TARPON SPRINGS FL 34689

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY ST ZIP

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 CITY ST ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS 900096000099  
 CITY ST ZIP 04/08/07--01043--001 \*\*250.00

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY ST ZIP

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 STREET ADDRESS  
 CITY ST ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07

Date

727-798-3943

Daytime Phone #