2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 22, 2008 8:00 am Secretary of State DOCUMENT # P97000060758 1. Entity Name 04-22-2008 90014 021 ***150.00 SKIADOPOULOS INVESTMENTS, INC. Principal Place of Business Mailing Address 2690 COUNTRY CLUB DR CLEARWATER FL 33761-2717 2690 COUNTRY CLUB DR CLEARWATER FL 33761-2717 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3456566 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent jadopoulos SKIADOPOULOS, HERCULES Street Address (P.O. Box Number is Not Acceptable) 2690 COUNTRY CLUB DR Country c/u CLEARWATER FL, 33761-2717 Zip Code 33761-27 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 eignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change ■ Addition NAME SKIADOPOULOS, HERCULES NAME STREET ADDRESS 2690 COUNTRY CLUB DR STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33761-2717 City-St-7lP VΡ TITLE Delete TITLE Addition SKIADOPOULOS, EFROSINI NAME STREET ADDRESS 2690 COUNTRY CLUB DR STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33761-2717 CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change -■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. Thereby 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 eath; 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.