

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90236 006 \*\*\*150.00

**DOCUMENT # P97000073767**

1. Entity Name

A & A & P ENTERPRISES, INC.



Principal Place of Business

490 MANDALAY AVE  
CLEARWATER BEACH, FL 33767

Mailing Address

490 MANDALAY AVE  
CLEARWATER BEACH, FL 33767

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3463256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIONIS, ATHANASIOS  
61 MIDWAY ISLAND  
CLEARWATER, FL 34630

**DO NOT WRITE  
IN THIS SPACE**

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GIONIS, ATHANASIOS
STREET ADDRESS	61 MIDWAY ISLAND
CITY - ST - ZIP	CLEARWATER, FL 34630
TITLE	S
NAME	GIONIS, EVDOKIA
STREET ADDRESS	61 MIDWAY ISLAND
CITY - ST - ZIP	CLEARWATER, FL 34630
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Athanasios Gionis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ATHANASIOS GIONIS*  
*PRESIDENT*

Date

Daytime Phone #

*4/28/07*