


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State

06-10-2005 90047 024 ***150.00

DOCUMENT # P97000082955	
1. Entity Name EIGHT LIMBS INC.	

Principal Place of Business 435 E TARPON AVE TARPON SPRINGS, FL 34689	Mailing Address 911 BRITTANY PARK BLVD. TARPON SPRINGS, FL 34689
---	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05202005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3472030	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
DAMIANAKIS, ANTHONIE %BILIRAKIS LAW GROUP, P.A. 4538 BARTELT ROAD HOLIDAY, FL 34690	

7. Name and Address of New Registered Agent	
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 \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GIALLOURAKIS, CHRISTY A.P. 911 BRITTANY PARK BLVD. TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O GIALLOURAKIS, MERCURY A 911 BRITTANY PARK BLVD TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O GILLESPIE, JUSTIN D 911 BRITTANY PARK BLVD TARON SPRINGS, FL 34680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O GILLESPIE, NATHANIEL D 911 BRITTANY PARK BLVD TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **6/3/05 727-939-9413**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40087165



Division of Corporations

2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P97000082955
Business Entity Name	EIGHT LIMBS INC.
Original File Date	09/25/1997

FEI Number 59-3472030

Principal Address 435 E TARPON AVE
TARPON SPRINGS, FL 34689

Mailing Address 911 BRITTANY PARK BLVD.
TARPON SPRINGS, FL 34689

Registered Agent ANTHONY DAMIANAKIS
%BILIRAKIS LAW GROUP, P.A.
4538 BARTELT ROAD
HOLIDAY, FL 34690 US

Officer/Director Name And Address

P
A.P. CHRISTY GIALLOURAKIS
911 BRITTANY PARK BLVD.
TARPON SPRINGS, FL 34689 US

O
MERCURY A GIALLOURAKIS
911 BRITTANY PARK BLVD
TARPON SPRINGS, FL 34689 US

O
JUSTIN D GILLESPIE
911 BRITTANY PARK BLVD
TARON SPRINGS, FL 34689 US

O
NATHANIEL D GILLESPIE
911 BRITTANY PARK BLVD
TARPON SPRINGS, FL 34689 US