


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 01, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # P97000102243<br>1. Entity Name<br>AGEAN BREEZE, INC. |  |
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| Principal Place of Business<br>913 GULF BREEZE PKWY.<br>SUITE 20<br>GULF BREEZE, FL 32561 US | Mailing Address<br>913 GULF BREEZE PKWY.<br>SUITE 20<br>GULF BREEZE, FL 32561 US |
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06292005 No Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3480028 | Applied For<br>Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br>VARVOURIS, STAVROS N<br>913 GULF BREEZE PKWY.<br>UNIT 20<br>GULF BREEZE, FL 32561 |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 7, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PST<br>VARVOURIS, STAVROS N<br>1745 FAIRCHILD ST.<br>PENSACOLA, FL 32504 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPST<br>VARVOURIS, TINA M<br>1754 FAIRCHILD ST<br>PENSACOLA, FL 32504    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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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

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|---|--|---|
| SIGNATURE: <u>Tina M. Varvouris</u> <u>Tina M. VARVOURIS</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>June 28, 2005</u><br><small>Date</small> | Daytime Phone # <u>850 916 0430</u><br><small>Daytime Phone #</small> |
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