

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

08 SEP 11 AM 10:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



09032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3561656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ASSENDERP, KENZA V
225 SOUTH ADAMS ST STE 200
TALLAHASSEE, FL 32301

**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 reinstating)

DATE

700135963287
09/16/08--01019--009 **150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TSAMOUTALES, FRANK N
STREET ADDRESS 376 LANTERNBAACK ISLAND DR
CITY-ST-ZIP SATELLITE BEACH, FL 32927

TITLE VTS
NAME TSAMOUTALES, KIM H
STREET ADDRESS 376 LANTERNBAACK ISLAND DR
CITY-ST-ZIP SATELLITE BEACH, FL 32927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-08

Date

321.258.8855

Daytime Phone #