

FILED
Aug 31, 2007 8:00 am
Secretary of State

07-26-2007 90030 037 ***150.00

08-31-2007 90003 008 ***400.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000060889		
1. Entity Name SULTANA PROPERTIES, INC.		
Principal Place of Business 4772 U.S. HIGHWAY 19 NORTH NEW PORT RICHEY, FL 34652		Mailing Address 4772 U.S. HIGHWAY 19 NORTH NEW PORT RICHEY, FL 34652
2. Principal Place of Business - No P.O. Box # 3933 Mimosa Pl. Suite, Apt. #, etc. Palm Harbor, FL City & State 34685 Pinellas Zip	3. Mailing Address 3933 Mimosa Pl. Suite, Apt. #, etc. Palm Harbor, FL City & State 34685 Pinellas Zip	02142007 Chg-P CR2E034 (12/06)
4. FEI Number 59-3532195		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SULTANA FRAZIS 3933 MIMOSA PLACE PALM HARBOR, FL 34685		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 state if applicable (NOTE: Registered Agent signature required when terminating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FRAZIS, SULTANA 3933 MIMOSA PLACE PALM HARBOR, FL 34685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRAZIS, STAVROULA 207 LEAFWOOD DRIVE TARPOON SPRINGS, FL 34689 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRAZIS, JOHN M 3933 MIMOSA PLACE PALM HARBOR, FL 34685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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: <u>Sultana Frazis - Pres.</u> Date: <u>July 23, 2007</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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