

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000023467 1. Entity Name FLORIDA INDUSTRIAL PROPERTIES, INC.					
Principal Place of Business 620 NORTH FLORIDA AVENUE TARPON SPRINGS FL 34689			Mailing Address 620 NORTH FLORIDA AVENUE TARPON SPRINGS FL 34689		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> GIALLOURAKIS, MICHAEL F 620 NORTH FLORIDA AVENUE TARPON SPRINGS FL 34689 </div> <div style="width: 50%;"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </div> </div>					



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3572657** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	DPS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIALLOURAKIS, MICHAEL F			NAME			
STREET ADDRESS	620 NORTH FLORIDA AVENUE			STREET ADDRESS			
CITY- ST- ZIP	TARPON SPRINGS FL 34689			CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **4/1/05** **727-937-6604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #