## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000029122

6563 LAKE CHARM DR

OVIEDO, FL 32765

Address: City-St-Zip:

**Entity Name:** KANISTRAS ENTERPRISES, INC.

FILED Jan 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10 TARPAN CR 2201 ORM COURT WINTER SPRINGS, FL 32708 OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** 10 TARPAN CR 2201 ORM COURT WINTER SPRINGS, FL 32708 OVIEDO, FL 32765 FEI Number: 59-3574007 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KANISTRAS, CHRIS KANISTRAS, CHRIS 10 TARPON CR 2201 ORM COURT WINTER SPRINGS, FL 32708 US OVIEDO, FL 32765 US 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. SIGNATURE: CHRIS KANISTRAS 01/06/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KANISTRAS, GEORGE Name: Name: 605 CHAPMAN RD Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition KANISTRAS, CHRIS Name: Name: KANISTRAS, CHRIS 10 TARPON CR 2201 ORM COURT Address: Address: WINTER SPRINGS, FL 32708 City-St-Zip: OVIEDO, FL 32765 City-St-Zip: ( ) Delete Title: Title: () Change () Addition KANISTRAS, TODD Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CHRIS KANISTRAS MR. 01/06/2009