

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90101 017 ***150.00

DOCUMENT # P99000085458

1. Entity Name
JASON OF CITRUS, INC.



Principal Place of Business
**10990 S. SUNCOAST BLVD.
HOMASASSA, FL 34448**

Mailing Address
**10990 S. SUNCOAST BLVD.
HOMASASSA, FL 34448**

00040303



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3603569

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KARRAS, ANNA
5783 W. SHORE DR.
NEW PORT RICHEY, FL 34652**

7. Name and Address of New Registered Agent

Name **Jason Terovalas**

Street Address (P.O. Box Number is Not Acceptable)

5783

5783 West Shore Drive

City

New Port Richey,

FL

Zip Code

34652

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KARRAS, ANNA**
STREET ADDRESS **5783 WEST SHORE DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **D** ☐ Delete
NAME **TEROVALAS, JASON**
STREET ADDRESS **5783 WEST SHORE DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **D** ☐ Delete
NAME **TEROVOLAS, JOHN**
STREET ADDRESS **5783 WEST SHORE DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **D** ☐ Delete
NAME **FLOROU, POTOULA**
STREET ADDRESS **5783 WEST SHORE DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Terovalas, Potoula**
STREET ADDRESS **5783 West Shore Drive**
CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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.

SIGNATURE:

JASON TEROVALAS 4-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #