

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90233 013 ***150.00

DOCUMENT # S37789	
1. Entity Name A. ANASTASIADES & ASSOCIATES, INC.	



Principal Place of Business 2256 CURLEW RD PALM HARBOR, FL 34683	Mailing Address 2661 ST. JOSEPH DRIVE E. DUNEDIN, FL 34698
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DO NOT WRITE IN THIS SPACE



02122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3056538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANASTASIADES, A. 2661 ST. JOSEPH DRIVE E. DUNEDIN, FL 34698	
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ANASTASIADES, A. 2661 ST. JOSEPH DRIVE E. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANASTASIADES, STARVOS 2256 CURLEW RD PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANASTASIADES, DIANIE 2661 ST JOSEPH DR E DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: *A Anastasiades* *President* *3/16/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #