

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90414 021 ***150.00

DOCUMENT # S53749

1. Entity Name
INTERNATIONAL DEPOT, INC.



Principal Place of Business
**8880 SW 78TH PL
MIAMI, FL 33156 US**

Mailing Address
**896 ROYAL BIRKDALE DR.
TARPON SPRINGS, FL 34688 US**

94063580



2. Principal Place of Business
896 ROYAL BIRKDALE DR.

3. Mailing Address
Suite, Apt. #, etc.

04162004 Chg-P CR2E034 (10/03)

City & State
TARPON SPRINGS, FL

Zip
34688 Country
US

4. FEI Number
65-0278958

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEMONIS, SOPHIA
INTERNATIONAL DEPOT
8880 SW 78TH PL
MIAMI, FL 33156**

Name
LEMONIS, SOPHIA

Street Address (P.O. Box Number is Not Acceptable)
896 ROYAL BIRKDALE DR.

City
TARPON SPRINGS FL Zip Code
34688

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: *Sophia Lemonis* **SOPHIA LEMONIS**

4-20-04
DATE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	P	<input checked="" type="checkbox"/> Delete
NAME	LEMONIS, SOPHIA	
STREET ADDRESS	8880 SW 78TH PL	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LEMONIS, MARCUS A.	
STREET ADDRESS	8880 SW 78TH PL	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMONIS, SOPHIA	
STREET ADDRESS	896 ROYAL BIRKDALE DR.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMONIS, MARCUS A.	
STREET ADDRESS	896 ROYAL BIRKDALE DR.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sophia Lemonis* **SOPHIA LEMONIS**

4/20/04 **727-937-9391**
Date Daytime Phone #