


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # S56516 1. Entity Name ANASTASI CORPORATION	
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Principal Place of Business
1055 N. PINELLAS AVENUE
TARPON SPRINGS, FL 34689

Mailing Address
1055 N. PINELLAS AVENUE
TARPON SPRINGS, FL 34689



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2819319	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAROUKOS, GEORGE
1055 N. PINELLAS AVENUE
TARPON SPRINGS, FL 34689

**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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAROUKOS, GEORGE 1055 N. PINELLAS AVE. TARPON SPRINGS, FL 34689
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KARISTINOS, ANASTASIO 1055 N PINELLOS AVE TARPON SPRINGS, FL 34689
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/02/07-80087-020.158.75

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07
Date

727 937-9825
Daytime Phone #