

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90064 045 ****61.50

DOCUMENT # N93000000809

1. Entity Name
MEGAS ALEXANDROS, INC.



Principal Place of Business
**125 SOUTH HOLLYWOOD AVE.
DAYTONA BEACH, FL 32118**

Mailing Address
**P.O. BOX 5103
DAYTONA BEACH, FL 32118**



02012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3176889

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIMITRIOS, TOMIAS
125 S HOLLYWOOD AVE
DAYTONA BEACH, FL 32118**

**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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPIROS, KOSTARIDIS
STREET ADDRESS	319 MOSS AVE
CITY-ST-ZIP	HARBOR OAKS, FL
TITLE	VD
NAME	SKANDALAKIS, RENOS
STREET ADDRESS	230 N. HALIFAX
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	SD
NAME	DEMETRIOS, TOMAIS
STREET ADDRESS	125 SOUTH HOLLYWOOD AVE.
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	TD
NAME	TOMASIS, MARIA
STREET ADDRESS	125 S. HOLLYWOOD AVE.
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	D
NAME	TSIONGAS, CHRISTOPHER
STREET ADDRESS	350 PELICAN AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	D
NAME	KOSTARIDIS, D K
STREET ADDRESS	319 MOSS AVE
CITY-ST-ZIP	HARBOR OAKS, FL

**DO NOT WRITE
IN THIS SPACE**

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 617, 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

2-14-2005

Date

Daytime Phone #

ATTACHMENT

IMPORTANT INSTRUCTIONS

40019956
#J9300000009

- Make check payable to Florida Department of State.
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- The fee to file the not-for-profit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 12.

NEW VICE PRESIDENT
LOUIZES ZENON
324 NAUTILUS AVENUE
DAYTONA BEACH, FL. 32118

Mail completed report to:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Courier Address: (overnight delivery)
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Questions?

Phone: (850) 245-6056
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.