2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000000809

1. Entity Name
MEGAS ALEXANDROS, INC.

Principal Place of Business	Mailing Address
125 SOUTH HOLLYWOOD AVE. DAYTONA BEACH, FL 32118	P.O. BOX 5103 DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

02022006 No Chg-NP CR2E037 (11/05)

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

DIMITRIOUS, TOMIAS
125 S HOLLYWODD 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 _____ 2/11/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000433577
02/24/06-80021-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPIROS, KOSTARIDIS
STREET ADDRESS	319 MOSS AVE
CITY-ST-ZIP	HARBOR OAKS, FL
TITLE	SD
NAME	DEMETRIOS, TOMAIS
STREET ADDRESS	125 SOUTH HOLLYWOOD AVE.
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	TD
NAME	TOMAIS, 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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: _____ 2/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #