


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90367 013 ****61.25

DOCUMENT # N93000001832		
1. Entity Name ENOSIS, INC.		

Principal Place of Business 441 N HARBOR CITY BLVD APT C13 MELBOURNE, FL 32935 US	Mailing Address 441 N HARBOR CITY BLVD APT C13 MELBOURNE, FL 32935 US
--	--

50041585



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04082005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3181322	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	
THEOFANOUS, SOPHIA P 441 N HARBOR CITY BLVD APT C13 MELBOURNE, FL 32935	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
-----------	--	------

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	TITLE	
NAME	THEOFANOUS, SOPHIA P	NAME	
STREET ADDRESS	441 N HARBOR CITY BLVD, APT C13	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935	CITY-ST-ZIP	
TITLE	DV	TITLE	DV
NAME	PHILIPS, GUS	NAME	PAPALAS, ANTHONY
STREET ADDRESS	925 HWY A1A, #404	STREET ADDRESS	15 RENEE COURT
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	DT	TITLE	DT
NAME	PAPPAS, PETER	NAME	PHILIPS, CONSTANTINOS
STREET ADDRESS	449 RIVERVIEW LANE	STREET ADDRESS	925 HWY A1A, #404
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	DS	TITLE	
NAME	PAVLAKOS, MARY	NAME	
STREET ADDRESS	813 OAKWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32940	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: SOPHIA P. THEOFANOUS	Date: 4/15/2005	Daytime Phone #: 321-752-5252
---------------------------------	-----------------	-------------------------------