


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90002 040 ***150.00

DOCUMENT # P0000109262

1. Entity Name
DANIEL KONDOS ENTERPRISES, INC.



Principal Place of Business Mailing Address

~~4548 BELFAST DR~~ ~~4548 BELFAST DR~~
~~NEW PORT RICHEY FL 34652~~ ~~NEW PORT RICHEY FL 34652~~
11052 Hidden Treasure Ct. **11052 Hidden Treasure Ct**
NPR, FL 34654 **NPR, FL 34654**

54056661



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3682374** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

~~KONDOS, DANIEL~~
~~4548 BELFAST DR~~ → **11052 Hidden Treasure Ct.**
~~NEW PORT RICHEY FL 34652~~ **NPR, FL 34654**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	KONDOS, DANIEL
STREET ADDRESS	4548 BELFAST DR 11052 Hidden Treasure Ct
CITY-ST-ZIP	NEW PORT RICHEY FL 34652 34654
TITLE	S <input type="checkbox"/> Delete
NAME	KONDOS, STAVROS
STREET ADDRESS	4548 BELFAST DR 11052 Hidden Treasure Ct
CITY-ST-ZIP	NEW PORT RICHEY FL 34652 NPR 34654
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: Daniel Kondos 4/30/04 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR