2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 467510

1. Entity Name
HELLENIC SHIP SUPPLY, INC.

Principal Place of Business	Mailing Address
1016 CHANNELSIDE DRIVE PO BOX 5192 TAMPA, FL 33602-3637 US	1016 CHANNELSIDE DRIVE PO BOX 5192 TAMPA, FL 33602-3637 US

02192004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1569920

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KORAKIS, LOUISE
98 MARTINIQUE AVE
TAMPA, FL 33606

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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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KORAKIS, ALEXANDROS
STREET ADDRESS	98 MARTINIQUE AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	PD
NAME	KORAKIS, LOUISE
STREET ADDRESS	98 MARTINIQUE AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	VPD
NAME	ALEXANDER KORAKIS
STREET ADDRESS	3109 W HORATIO STREET UNIT 9
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/04-80045-009 150.00

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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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #