

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-18-2005 90026 043 ***150.00

DOCUMENT # 467510

1. Entity Name
HELLENIC SHIP SUPPLY, INC.



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

Mailing Address
**1016 CHANNELSIDE DRIVE
PO BOX 5192
TAMPA, FL 33602-3637 US**

10001200



DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)

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**

**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

Louise Korakis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	3400 W HORATIO STREET UNIT 9 <i>3914 W. INMAN</i>
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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

Louise Korakis, Pres.

Date

Daytime Phone #

1/7/05 813-229-1507