2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 763032

1. Entity Name
KEFFALONIA AND ITHAKI SOCIETY O KEFFALOS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
12300 VONN RD. APT. 7205 LARGO, FL 33774	12300 VONN RD. APT. 7205 LARGO, FL 33774

01262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2961203
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPYRATOS, NICHOLAS
12300 VONN RD.
APT. 7205
LARGO, FL 33774

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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)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SPYRATOS, NICHOLAS
STREET ADDRESS	12300 VONN RD., APT. 7205
CITY-ST-ZIP	LARGO, FL 33774
TITLE	VPD
NAME	MARKATOS, KATERINA
STREET ADDRESS	5830 IVY LN
CITY-ST-ZIP	HOLIDAY, FL 34684
TITLE	SD
NAME	NAZARAKIS, NIKI
STREET ADDRESS	1128 SUNSET RIDGE LANE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D
NAME	NIFORATOS, ANGELO
STREET ADDRESS	1618 ORCHARD GROVE AVE.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D
NAME	NIFOZATOS, ANDREAS
STREET ADDRESS	409 DAVID CT.
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/05-80022-015 61.25

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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 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: Nicholas Spyratos NICHOLAS SPYRATOS 1-26-05 727-593-2908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #