

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # F57777	
1. Entity Name TELLY'S INCORPORATED	
	
Principal Place of Business % TILEMACHOS KOMNINOS 7840 SEMINOLE MALL SEMINOLE, FL 34642-4703	Mailing Address % TILEMACHOS KOMNINOS 7840 SEMINOLE MALL SEMINOLE, FL 34642-4703



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2142680	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KOMNINOS, TILEMACHOS
7840 SEMINOLE MALL
SEMINOLE, FL 33542**

**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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

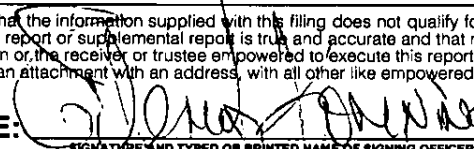
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOMNINOS, TILEMACHOS 3018 NORTHFIELD DR. TARPO SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR BOULERIS, EFTIHIA 2799 PARK TERR AVE CLEARWATER, FL 31115
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03/26/08-80064-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Tilemachos Komninos**
President

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