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	Mailing Address
% TILEMACHOS KOMNINOS 7840 SEMINOLE MALL SEMINOLE, FL 34642-4703	% TILEMACHOS KOMNINOS 7840 SEMINOLE MALL SEMINOLE, FL 34642-4703

DO NOT WRITE IN THIS SPACE

02072008 No Chg-P CR2E034 (11/05)

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOMNINOS, TILEMACHOS
STREET ADDRESS	3018 NORTHFIELD DR.
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	DR
NAME	BOULERIS, EFTIHIA
STREET ADDRESS	2799 PARK TERR AVE
CITY-ST-ZIP	CLEARWATER, FL 31115
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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03/26/08-80064-016 150.00

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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 #