


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90743 020 ***158.75

DOCUMENT # K14933					
1. Entity Name KATSOU LIS HOMES, INC.					
Principal Place of Business 35246 U.S. HIGHWAY 19, NORTH SUITE 247 PALM HARBOR FL 34684			Mailing Address 35246 U.S. HIGHWAY 19, NORTH SUITE 247 PALM HARBOR FL 34684		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2875651	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KATSOU LIS, THEODORE N 612 PINE STREET TAR PON SPRINGS FL 34689				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KATSOU LIS, THEODORE N		NAME	CIT	
STREET ADDRESS	612 PINE STREET		STREET ADDRESS	POLYTIMI VASILAKOU-EMMENEGGER	
CITY-ST-ZIP	TAR PON SPRINGS FL 34689		CITY-ST-ZIP	2049 N. POINTE ALEXIS DR.	
				TAR PON SPRINGS, FL 34689	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEISWENGER, ROY F		NAME	BEISWENGER, ROY F	
STREET ADDRESS	3219 BLUFF BLVD		STREET ADDRESS	35246 US HIGHWAY 19 NORTH	
CITY-ST-ZIP	HOLIDAY FL		CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VASILAKOU-EMMENEGGER, POLYTIMI	
STREET ADDRESS			STREET ADDRESS	2049 N POINTE ALEXIS DR	
CITY-ST-ZIP			CITY-ST-ZIP	TAR PON SPRINGS, FL 34689	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Theodore N. Katsoulis **THEODORE N. KATSOU LIS** **4.30.2004 (727) 9374143**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #