


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90230 033 ****70.00

DOCUMENT # N01000005688					
1. Entity Name THE CHOIR PROMETHEAS, INC.					
Principal Place of Business 2194 MAIN ST., STE. P DUNEDIN, FL 34698			Mailing Address 2194 MAIN ST., STE. P DUNEDIN, FL 34698		
2. Principal Place of Business 1700 DREW ST. Suite, Apt. #, etc.		3. Mailing Address 2050 KINGFISHER DR. Suite, Apt. #, etc.		 04162004 Chg-NP CR2E037 (10/03)	
City & State CLEARWATER FL.		City & State PALM HARBOR, FL.			
Zip 33765	Country USA	Zip 34683	Country USA	4. FEI Number 59-3437045	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KAKALIS, ACHILLEAS 2194 MAIN ST., STE. P DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name KAKALIS, ACHILLEAS Street Address (P.O. Box Number is Not Acceptable) 2050 KINGFISHER DR. City PALM HARBOR FL Zip Code 34683		
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 <i>Achilleas Kakalis</i>		President		4-21-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAKALIS, ACHILLEAS		NAME		
STREET ADDRESS	2050 KINGFISHER DR.		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEITANITIS, MARIO		NAME	POULOS, RITA	
STREET ADDRESS	2194 MAIN STREET SUITE P		STREET ADDRESS	1432 EXCALIBUR ST	
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP	HOLIDAY, FL 34690	
TITLE	I	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POULOS, CHRIS		NAME		
STREET ADDRESS	1432 EXCALIBUR STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34690		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		
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 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: <i>Achilleas Kakalis</i>		Preso		4/21/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	