

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000005688**

1. Entity Name  
CHORUS GROUP ORPHEAS, INC.



Principal Place of Business  
1700 DREW ST.  
CLEARWATER, FL 33765

Mailing Address  
2050 KINGFISHER DR.  
PALM HARBOR, FL 34683



01212006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3437045

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KAKALIS, ACHILLEAS  
2050 KINGFISHER DR.  
PALM HARBOR, FL 34683

**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

*Achilleas Kakalis*

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

(NOTE: Registered Agent signature required when reinstating)

1/25/06

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME KAKALIS, ACHILLEAS  
STREET ADDRESS 2050 KINGFISHER DR.  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE VP  
NAME POULOS, RITA  
STREET ADDRESS 1432 EXCALIBUR ST.  
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE T  
NAME POULOS, CHRIS  
STREET ADDRESS 1432 EXCALIBUR STREET  
CITY-ST-ZIP HOLIDAY, FL 34690

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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02/07/06-80080-014 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:

*KAKALIS, ACHILLEAS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/06