

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 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**




01152007 No Chg-NP

CR2E037 (4/06)

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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000619263
02/08/07-80064-011 70.00

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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:

Achilleas Kakalis Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07
Date

Daytime Phone #