

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90054 032 \*\*\*150.00

**DOCUMENT # P00000015700**

1. Entity Name  
**NIKEA, INC.**



Principal Place of Business  
**3407 NORTH HWY. 301  
TAMPA, FL 33619**

Mailing Address  
**1730 VIRGINIA AVE.  
PALM HARBOR, FL 34683**

40014000



**DO NOT WRITE IN THIS SPACE**

01172006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3621544**

Applied For  
Not Applicable

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

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

**KOUMOUNDOUROS, RODANTHI  
1730 VIRGINIA AVE.  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 KAPLANERIS, TOULA  
STREET ADDRESS 288 MILLSTONE DR.  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE SD  
NAME KOUMOUNDOUROS, RODANTHI  
STREET ADDRESS 1730 VIRGINIA AVE.  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE TD  
NAME KOUMOUNDOUROS, PANTELIS  
STREET ADDRESS 1730 VIRGINIA AVE.  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 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: *Bole Kaplaneris* **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-06  
Date

Daytime Phone #