

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90002 040 \*\*\*150.00

**DOCUMENT # P00000109262**

1. Entity Name

DANIEL KONDOS ENTERPRISES, INC.



Principal Place of Business

4548 BELFAST DR  
NEW PORT RICHEY FL 34652

11052 Hidden Treasure Ct.  
NPR, FL 34654

Mailing Address

4548 BELFAST DR  
NEW PORT RICHEY FL 34652

11052 Hidden Treasure Ct  
NPR, FL 34654

54056661



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3682374

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KONDOS, DANIEL  
4548 BELFAST DR → 11052 Hidden Treasure Ct.  
NEW PORT RICHEY FL 34652 NPR, FL 34654

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME KONDOS, DANIEL  
STREET ADDRESS 4548 BELFAST DR 11052 Hidden Treasure Ct  
CITY-ST-ZIP NEW PORT RICHEY FL 34652 34654

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME KONDOS, STAVROS  
STREET ADDRESS 4548 BELFAST DR 11052 Hidden Treasure Ct  
CITY-ST-ZIP NEW PORT RICHEY FL 34652 NPR 34654

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04