

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90009 045 ***150.00

DOCUMENT # P01000080268

1. Entity Name
KAKUSHA PROPERTIES, INC.



Principal Place of Business
**491 RIVERSIDE DR
TARPON SPRINGS, FL 34689**

Mailing Address
**35 W LEMON ST
TARPON SPRINGS, FL 34689**

44010756



2. Principal Place of Business

3. Mailing Address

623 E. TARPON Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102004

Chg-P

CR2E034 (10/03)

City & State

City & State

TARPON SPRINGS FL

4. FEI Number

59-3736722

Applied For

Not Applicable

Zip

Country

Zip

34689

Country

USA

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

**KOUSKOUTIS, N. MICHAEL ESQUIRE
623 E TARPON AVE
TARPON SPRINGS, FL 34689**

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**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KAPPAS, DENNIS
491 RIVERSIDE DR
TARPON SPRINGS, FL 34689 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KOUSKOUTIS, N MICHAEL
1106 MISTY LANE
TARPON SPRINGS, FL 34689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N. Michael Kousskoutis ☒ Change ☐ Addition
P.O. Box 1058
TARPON SPRINGS FL 34688

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARGEAS, JOHN
736 ISLAND WAY UNIT 506
CLEARWATER, FL 33767 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

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

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:

Dennis Kappas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

2/10/04

(727)

942-3631
Date Daytime Phone #