

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

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

02-12-2004 90009 045 ***150.00

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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

02102004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3736722

Applied For

Not Applicable

City & State

City & State
TARPON SPRINGS FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

34689

Country

USA

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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:

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

Pres.

2/10/04
Date

(727) 942-3631
Daytime Phone #