

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000050802

Entity Name: G. N. KOIKOS, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2971 APALACHEE PARKWAY  
TALLAHASSEE, FL 323013609

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 13613  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 46-0480507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GEEKER, VAN P  
1501 PARK AVENUE EAST  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KOIKOS, GEORGE N  
Address: 2585 HICKORY RIDGE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD  
Name: KOIKOS, KAREN  
Address: 2585 HICKORY RIDGE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN KOIKOS

STD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date