

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000107084

1. Entity Name  
GIALLOURAKIS ENTERPRISES INC



Principal Place of Business  
703 DODECANEDE BLVD  
TARPON SPRINGS, FL 34689

Mailing Address  
703 DODECANEDE BLVD  
TARPON SPRINGS, FL 34689

FILED

06 SEP 18 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2127359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GIALLOURAKIS, MERCURY  
703 DODECANEDE BLVD  
TARPON SPRINGS, FL 34689

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 registered office or agent is changed.)

200080194222

09-26-06--01075--04150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIALLOURAKIS, TONY D 703 DODECANEDE BLVD TARPON SPRINGS, FL 34689
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-06

Date

727-937-3514

Daytime Phone #