

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90326 009 \*\*\*150.00

**DOCUMENT # P03000138505**

1. Entity Name  
**SALONIKA PAINTING AND PROPERTY MAINTENANCE, INC.**



Principal Place of Business  
**5351 TAMMY LANE  
 HOLIDAY, FL 34690**

Mailing Address  
**5408 ST. JAMES DRIVE  
 NEW PORT RICHEY, FL 34652**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**5351 Tammy Lane**  
 Suite, Apt. #, etc.

City & State  
**Holiday, FL**

City & State  
**Holiday, FL**

Zip  
**34690**

Country  
**USA**

13010100



04222004 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0421763**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DREW, KELLY L  
 5408 ST JAMES DRIVE  
 NEW PORT RICHEY, FL 34662**

7. Name and Address of New Registered Agent

Name  
**Maria Gavriilidis**

Street Address (P.O. Box Number is Not Acceptable)  
**5351 Tammy Lane**

City  
**Holiday**

State  
**FL**

Zip Code  
**34690**

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 *Maria Gavriilidis* **Maria Gavriilidis** **x4-26-04**

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

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | P                      | <input type="checkbox"/> Delete |
| NAME           | GAVRIILIDIS, EVANGELOS |                                 |
| STREET ADDRESS | 5351 TAMMY LANE        |                                 |
| CITY-ST-ZIP    | HOLIDAY, FL 34690      |                                 |
| TITLE          | VP                     | <input type="checkbox"/> Delete |
| NAME           | GAVRIILIDIS, MARIA     |                                 |
| STREET ADDRESS | 5351 TAMMY LANE        |                                 |
| CITY-ST-ZIP    | HOLIDAY, FL 34690      |                                 |
| TITLE          | S                      | <input type="checkbox"/> Delete |
| NAME           | GAVRIILIDIS, MARIA     |                                 |
| STREET ADDRESS | 5351 TAMMY LANE        |                                 |
| CITY-ST-ZIP    | HOLIDAY, FL 34690      |                                 |
| TITLE          | T                      | <input type="checkbox"/> Delete |
| NAME           | GAVRIILIDIS, EVANGELOS |                                 |
| STREET ADDRESS | 5351 TAMMY LANE        |                                 |
| CITY-ST-ZIP    | HOLIDAY, FL 34690      |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | GAVRIILIDIS, EVANGELOS |                                 |
| STREET ADDRESS | 5351 TAMMY LANE        |                                 |
| CITY-ST-ZIP    | HOLIDAY, FL 34690      |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | GAVRIILIDIS, MARIA     |                                 |
| STREET ADDRESS | 5351 TAMMY LANE        |                                 |
| CITY-ST-ZIP    | HOLIDAY, FL 34690      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: *EVANGELOS GAVRIILIDIS* **Evangelos Gavriilidis** **x4-26-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #