

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90204 002 \*\*\*150.00

**DOCUMENT # P03000138505**

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



Principal Place of Business      Mailing Address

**5351 TAMMY LANE**      **5351 TAMMY LANE**  
**HOLIDAY, FL 34690**      **HOLIDAY, FL 34690**

**DO NOT WRITE IN THIS SPACE**



04222006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>20-0421763</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GAVRIILIDIS, MARIA**  
**5351 TAMMY LANE**  
**HOLIDAY, FL 34690**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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
NAME	GAVRIILIDIS, EVANGELOS
STREET ADDRESS	5351 TAMMY LANE
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	VP
NAME	GAVRIILIDIS, MARIA
STREET ADDRESS	5351 TAMMY LANE
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	S
NAME	GAVRIILIDIS, MARIA
STREET ADDRESS	5351 TAMMY LANE
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	T
NAME	GAVRIILIDIS, EVANGELOS
STREET ADDRESS	5351 TAMMY LANE
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	D
NAME	GAVRIILIDIS, EVANGELOS
STREET ADDRESS	5351 TAMMY LANE
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	D
NAME	GAVRIILIDIS, MARIA
STREET ADDRESS	5351 TAMMY LANE
CITY-ST-ZIP	HOLIDAY, FL 34690

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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: *Maria Gavriilidis*      Date: *4-24-06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #