

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 8:00 am
Secretary of State

04-19-2005 90381 044 ***150.00

DOCUMENT # P04000028433

1. Entity Name
KORE PROPERTIES, INC.



Principal Place of Business
**2275 ATLANTIC BOULEVARD
SUITE 200
NEPTUNE BEACH, FL 32266**

Mailing Address
**2275 ATLANTIC BOULEVARD
SUITE 200
NEPTUNE BEACH, FL 32266**

66011664



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282005 Chg-P CR2E034 (10/03)

4. FEI Number
81-0644204

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SORRELL, MARY C ESQ.
2275 ATLANTIC BOULEVARD
SUITE 200
NEPTUNE BEACH, FL 32266**

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 reissuing)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2005 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HIONIDES, CHRIS
2275 ATLANTIC BOULEVARD STE 100
NEPTUNE BEACH, FL 32266**

☐ Delete

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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:

Chris Hionides
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Hionides

3/8/05 (904) 247-1484

Date

Daytime Phone #