

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90014 041 ***150.00

DOCUMENT # P04000076918

1. Entity Name

PAUL DIAKOUKIS ENTERPRISES, INC.



Principal Place of Business

457 RICOLD TERR
PORT CHARLOTTE FL 33954

Mailing Address

457 RICOLD TERR
PORT CHARLOTTE FL 33954



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-1146896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTHEW, JAMES R
22212 MONTROSE AVE
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name **PAUL DIAKOUKIS**

Street Address (P.O. Box Number is Not Acceptable)

457 RICOLD TERRACE

City **PORT CHARLOTTE**

FL

Zip Code

33954

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

PAUL DIAKOUKIS

Signature, typed or printed name of registered agent and state I am located.

(NOTE: Registered Agent signature required when reinstating)

2/04/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME DIAKOUKIS, PAUL
STREET ADDRESS 457 RICOLD TERR
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **CHRISTINA DIAKOUKIS**
STREET ADDRESS **457 RICOLD TERRACE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

PAUL DIAKOUKIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/08

DATE

941) 235-0800

Display Phone #