

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90047 015 \*\*\*150.00

**DOCUMENT # P05000163230**

1. Entity Name  
**DODECANESE, INC.**



Principal Place of Business  
**610 DODECANESE AVENUE  
TARPON SPRINGS, 34667**

Mailing Address  
**6520 RIDGE ROAD  
PORT RICHEY, FL 34668**

**40018112**



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

01302007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**65-1269064**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**GILCHRIST, BRYAN  
6520 RIDGE ROAD  
PORT RICHEY, FL 34668**

## 7. Name and Address of New Registered Agent

Name **LARRY C. Schalles**

Street Address (P.O. Box Number is Not Acceptable)  
**5320 MAIN ST**

City **NEW PORT RICHEY**

**FL**

Zip Code  
**34652**

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 **Larry C. Schalles**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-31-07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE **VPT** ☒ Delete  
NAME **THEODOSIOU, TAKIS**  
STREET ADDRESS **6520 RIDGE ROAD**  
CITY-ST-ZIP **PORT RICHEY, FL 34668**

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 **Pres** ☐ Change ☒ Addition  
NAME **Alex Kolokithas**  
STREET ADDRESS **6520 Ridge Rd**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

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

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

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

**Alex Kolokithas**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-5-07**

Date

**727-844-2784**

Daytime Phone #