

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-14-2008 90017 016 ***150.00

DOCUMENT # P06000134686

1. Entity Name
ZEUS ELECTRIC INC.



Principal Place of Business
P.O. BOX 3315
HOLIDAY, FL 34692

Mailing Address
P.O. BOX 3315
HOLIDAY, FL 34692

2. Principal Place of Business - No P.O. Box #
1401 Poinsettia Avenue
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tarpon Springs, Florida
Zip
34689 Country
U.S.A.

City & State
Zip Country

01032008 Chg-P CR2E034 (12/06)

4. FEI Number
APPLIED FOR 26-0892407 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAVOUKLIS, KATINA
1401 POINSETTIA AVENUE
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 checked="" type="checkbox"/> Delete
NAME	KAVOUKLIS, MICHAEL	
STREET ADDRESS	1401 POINSETTIA AVENUE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KAVOUKLIS, ELENI	
STREET ADDRESS	1401 POINSETTIA AVENUE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KAPLANTZIS, GEORGE	
STREET ADDRESS	3336 BAHIA AVENUE	
CITY-ST-ZIP	HOLIDAY, FL 34690	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kavouklis, Nikita	
STREET ADDRESS	1401 Poinsettia Avenue	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kavouklis, Katina	
STREET ADDRESS	1401 Poinsettia Avenue	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nikita Kavouklis
President

2-9-08

Date

727-942-0918

Daytime Phone #